

**FILED**

**E-filing**

MAY 15 2008

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

PETITION FOR A WRIT OF HABEAS CORPUS BY A PERSON IN STATE CUSTODY

Name HARVEY Phillie L.  
(Last) (First) (Initial)

Prisoner Number H-28106

Institutional Address P.O. BOX 1050

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

Phillie L. HARVEY JR. CV 08 2491  
Full Name of Petitioner Case No. (To be provided by the clerk of court)

vs.

M.S. EVANS PETITION FOR A WRIT OF HABEAS CORPUS  
Name of Respondent  
(Warden or jailor)

Read Comments Carefully Before Filling In

When and Where to File

You should file in the Northern District if you were convicted and sentenced in one of these counties: Alameda, Contra Costa, Del Norte, Humboldt, Lake, Marin, Mendocino, Monterey, Napa, San Benito, Santa Clara, Santa Cruz, San Francisco, San Mateo and Sonoma. You should also file in this district if you are challenging the manner in which your sentence is being executed, such as loss of good time credits, and you are confined in one of these counties. Habeas L.R. 2254-3(a).

If you are challenging your conviction or sentence and you were not convicted and sentenced in one of the above-named fifteen counties, your petition will likely be transferred to the United States District Court for the district in which the state court that convicted and sentenced you is located. If you are challenging the execution of your sentence and you are not in prison in one of these counties, your

petition will likely be transferred to the district court for the district that includes the institution where you are confined. Habeas L.R. 2254-3(b).

Who to Name as Respondent

You must name the person in whose actual custody you are. This usually means the Warden or jailor. Do not name the State of California, a city, a county or the superior court of the county in which you are imprisoned or by whom you were convicted and sentenced. These are not proper respondents.

If you are not presently in custody pursuant to the state judgment against which you seek relief but may be subject to such custody in the future (e.g., detainers), you must name the person in whose custody you are now and the Attorney General of the state in which the judgment you seek to attack was entered.

A. INFORMATION ABOUT YOUR CONVICTION AND SENTENCE

1. What sentence are you challenging in this petition?

(a) Name and location of court that imposed sentence (for example; Alameda County Superior Court, Oakland):

PRISON DISCIPLINARY N/A N/A  
Court Location

(b) Case number, if known N/A

(c) Date and terms of sentence N/A

(d) Are you now in custody serving this term? (Custody means being in jail, on parole or probation, etc.) Yes ☐ No ☐

Where? N/A  
(Name of Institution) (Address)

2. For what crime were you given this sentence? (If your petition challenges a sentence for more than one crime, list each crime separately using Penal Code numbers if known. If you are challenging more than one sentence, you should file a different petition for each sentence.)

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you have any of the following? N/A

Arraignment: Yes ☐ No ☐ Preliminary Hearing: Yes ☐ No ☐ Motion to Suppress: Yes ☐ No ☐

4. How did you plead?

Guilty \_\_\_\_\_ Not Guilty \_\_\_\_\_ Nolo Contendere \_\_\_\_\_

Any other plea (specify) \_\_\_\_\_ N/A

5. If you went to trial, what kind of trial did you have?

Jury \_\_\_\_\_ Judge alone \_\_\_\_\_ Judge alone on a transcript \_\_\_\_\_

6. Did you testify at your trial? Yes \_\_\_ No \_\_\_

7. Did you have an attorney at the following proceedings:

- (a) Arraignment Yes \_\_\_ No \_\_\_  
 (b) Preliminary hearing Yes \_\_\_ No \_\_\_  
 (c) Time of plea Yes \_\_\_ No \_\_\_  
 (d) Trial Yes \_\_\_ No \_\_\_  
 (e) Sentencing Yes \_\_\_ No \_\_\_  
 (f) Appeal Yes \_\_\_ No \_\_\_  
 (g) Other post-conviction proceeding Yes \_\_\_ No \_\_\_

8. Did you appeal your conviction? Yes / No \_\_\_

(a) If you did, to what court(s) did you appeal?

Court of Appeal Yes / No \_\_\_

NOV. 30 2007 DENIED  
 (Year) (Result)

Supreme Court of California

Yes / No \_\_\_

JAN. 14, 2008 DENIED  
 (Year) (Result)

Any other court Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
 (Year) (Result)

(b) If you appealed, were the grounds the same as those that you are raising in this petition? Yes / No \_\_\_

(c) Was there an opinion? Yes \_\_\_ No /

(d) Did you seek permission to file a late appeal under Rule 31(a)?  
 Yes \_\_\_ No N/A

If you did, give the name of the court and the result:

9. Other than appeals, have you previously filed any petitions, applications or motions with respect to this conviction in any court, state or federal? Yes / No

ON AUGUST 26, 2007 PETITIONER FILED A WRIT IN THE FEDS CASE No. C-07-4434 CRB (PR). THIS WRIT WAS DISMISSED WITHOUT PREJUDICE IN BRINGING IT ONCE PETITIONER EXHAUSTED HIS ADMINISTRATIVE REMEDIES AT THE SUPREME COURT. PETITIONER HAS DONE SO AND NOW BRINGS THESE GROUNDS PROPERLY EXHAUSTED.

Note: If you previously filed a petition for a writ of habeas corpus in federal court that challenged the same conviction you are challenging now and if that petition was denied or dismissed with prejudice, you must first file a motion in the United States Court of Appeals for the Ninth Circuit for an order authorizing the district court to consider this petition. You may not file a second or subsequent federal habeas petition without first obtaining such an order from the Ninth Circuit. 28 U.S.C. § 2244(b).

(a) If you sought relief in any proceeding other than an appeal, answer the following questions for each proceeding. Attach extra paper if you need more space.

I. Name of Court SUPERIOR COURT MONTEREY COUNTY (HC5707)  
 Type of Proceeding PETITION FOR WRIT OF HABEAS CORPUS

Grounds raised (Be brief but specific):

- a. DUE PROCESS
- b. DUE PROCESS "FAIR & IMPARTIAL HEARING"
- c. DUE PROCESS "DENIAL OF STAFF ASSISTANT"
- d. DUE PROCESS "CONFIDENTIAL SOURCES"

Result DENIED Date of Result JUN. 21, 2007

II. Name of Court COURT OF APPEAL SIXTH APPELLATE DISTRICT (H032177)  
 Type of Proceeding PETITION FOR WRIT OF HABEAS CORPUS

Grounds raised (Be brief but specific):

- a. SAME AS ABOVE DUE PROCESS
- b. " "
- c. " "
- d. " "

Result DENIED Date of Result NOV. 30, 2007

III. Name of Court CALIFORNIA SUPREME COURT (S159909)

Type of Proceeding

PETITION FOR WRIT OF HABEAS CORPUS

Grounds raised (Be brief but specific):

a.

DUE PROCESS "DENIAL OF STAFF ASSISTANT"

b.

DUE PROCESS "FAIR & IMPARTIAL HEARING"

c.

d.

Result

DENIED

Date of Result

MAR. '08"

(b) Is any petition, appeal or other post-conviction proceeding now pending in any

court?

Yes ☐ No ☒

(Name and location of court)

B. GROUNDS FOR RELIEF

State briefly every reason that you believe you are being confined unlawfully. Give facts to support each claim. For example, what legal right or privilege were you denied? What happened? Who made the error? Avoid legal arguments with numerous case citations. Attach extra paper if you need more space. Answer the same questions for each claim.

Note: You must present ALL your claims in your first federal habeas petition. Subsequent petitions may be dismissed without review on the merits. 28 U.S.C. § 2244(b); McCleskey v. Zant, 499 U.S. 467, 111 S. Ct. 1454, 113 L. Ed. 2d 517 (1991).

Claim One:

I WAS NOT GIVING A STAFF ASSISTANT WHICH PREVENTED ME

IDENTIFYING THE LOCATIONS OF MY WITNESSES.

Supporting Facts:

SEE SUPPORTING FACTS TO GROUND ONE.

Claim Two: OFFICER DIAZ & PARSONS WROTE FALSE REPORTS WHICH DENIED PETITIONER A FAIR & IMPARTIAL HEARING.

Supporting Facts:

SEE SUPPORTING FACTS TO GROUND TWO

Claim Three:

Supporting Facts:

If any of these grounds was not previously presented to any other court, state briefly which grounds were not presented and why:

N/A



### SUPPORTING FACTS TO GROUND ONE

ON JUNE 14, 2005 PETITIONER WAS PLACED IN AD. SEG. FOR POSSESSION OF A WEAPON AND NARCOTICS. PETITIONER REQUESTED A STAFF ASSISTANT BECAUSE I KNEW WHAT CELLS MY WITNESSES WERE IN BUT DID NOT KNOW THEIR CDC NUMBERS. PETITIONER'S WITNESSES WOULD HAVE STATED THAT THE OFFICERS WERE GOING FROM CELL TO CELL AND PLACING CONTRABAND IN ONE BIG ENVELOPE. PETITIONER'S WITNESSES WOULD HAVE STATED THAT THE WEAPONS DID NOT COME OUT OF PETITIONER'S CELL. THE DENIAL OF A STAFF ASSISTANT RESULTED IN PETITIONER NOT BEING ABLE TO PROPERLY PREPARE HIS DEFENSE AND ULTIMATELY ENDING IN A FINDING OF GUILTY FOR POSSESSION OF A WEAPON. (SEE EXHIBIT A)

### SUPPORTING FACTS TO GROUND TWO

THE SAME EVIDENCE I WAS FOUND GUILTY ON WAS OFFICER DIAZ'S PARSON'S REPORTS WHICH WERE FALSE. BECAUSE PETITIONER WAS DENIED HIS STAFF ASSISTANT AND WITNESSES PETITIONER HAD TO GET OFFICER DIAZ'S PARSON TO ADMIT THAT THERE WERE MORE THAN THEM TWO IN PETITIONER'S CELL AND THAT THE SEARCHES WERE NOT DONE PROFESSIONAL AS THEIR REPORTS REFLECTED. INSTEAD OF TELLING THE TRUTH THEY SAID THEY WERE THE ONLY ONES THAT SEARCHED MY CELL AND THAT THEY WERE NOT PLACING ALL CONTRABAND IN ONE ENVELOPE. SALADO'S REPORT SHOWS THAT HE WAS ALSO SEARCHING MY CELL. I ALSO SEEN TWO OTHER OFFICERS THAT HAD CAME OUT OF ANOTHER CELL GO INTO MINE TO SEARCH. THE OFFICERS ALSO STATED THEY PHOTOGRAPHED THE CONTRABAND IN THE PLACE WHERE IT WAS FOUND. THIS WAS FALSE BECAUSE ALL THE CONTRABAND IN THE CELLS WERE PLACED IN A ENVELOPE LATER TO BE PLACED IN CELLS TO BE PHOTOGRAPHED. THE SAME EVIDENCE WHICH WERE FALSE REPORTS WERE ALSO USED AGAINST ME AT A JULY 30<sup>TH</sup> 2007 PAROLE HEARING TO SHOW THAT I WAS STILL A POTENTIAL THREAT TO SOCIETY. THE BOARD OF PAROLE HEARINGS HAD PREVIOUSLY RECOMMENDED PETITIONER REMAIN DISCIPLINARY FREE FOR A SUBSTANTIAL AMOUNT OF TIME. (SEE EXHIBIT A)

List, by name and citation only, any cases that you think are close factually to yours so that they are an example of the error you believe occurred in your case. Do not discuss the holding or reasoning of these cases:

WOLFF V. Mc DONNEL (1974) 418 U.S. 539, 566,

Do you have an attorney for this petition? Yes ☐ No ☒

If you do, give the name and address of your attorney:

WHEREFORE, petitioner prays that the Court grant petitioner relief to which s/he may be entitled in this proceeding. I verify under penalty of perjury that the foregoing is true and correct.

Executed on

MAY 13, 2008  
Date

Signature of Petitioner

Gillie Harney

**Exhibit**



**Supreme Court Copy**

MC-275

Name QUILLIE HARVEY  
Address SALINAS VALLEY STATE PRISON  
P.O. BOX 1050  
SOLEDAD, CA. 93960  
CDC or ID Number H-28106

**SUPREME COURT  
FILED**

JAN 14 2008

Frederick K. Ohlrich Clerk

SUPREME COURT OF  
CALIFORNIA  
(Court)

Deputy

<u>QUILLIE HARVEY</u>	
Petitioner	vs.
<u>M.S. EVANS</u>	
Respondent	

PETITION FOR WRIT OF HABEAS CORPUS

No. **S159909**  
(To be supplied by the Clerk of the Court)

**INSTRUCTIONS—READ CAREFULLY**

- If you are challenging an order of commitment or a criminal conviction and are filing this petition in the Superior Court, you should file it in the county that made the order.
- If you are challenging the conditions of your confinement and are filing this petition in the Superior Court, you should file it in the county in which you are confined.
- Read the entire form before answering any questions.
- This petition must be clearly handwritten in ink or typed. You should exercise care to make sure all answers are true and correct. Because the petition includes a verification, the making of a statement that you know is false may result in a conviction for perjury.
- Answer all applicable questions in the proper spaces. If you need additional space, add an extra page and indicate that your answer is "continued on additional page."
- If you are filing this petition in the Superior Court, you need file only the original unless local rules require additional copies. Many courts require more copies.
- If you are filing this petition in the Court of Appeal, file the original and four copies of the petition and, if separately bound, one copy of any supporting documents.
- If you are filing this petition in the California Supreme Court, file the original and ten copies of the petition and, if separately bound, two copies of any supporting documents.
- Notify the Clerk of the Court in writing if you change your address after filing your petition.
- In most cases, the law requires service of a copy of the petition on the district attorney, city attorney, or city prosecutor. See Penal Code section 1475 and Government Code section 72193. You may serve the copy by mail.

Approved by the Judicial Council of California for use under rule 8.380 of the California Rules of Court [as amended effective January 1, 2007]. Subsequent amendments to rule 8.380 may change the number of copies to be furnished to the Supreme Court and Court of Appeal.

Page 1 of 6

## This petition concerns:

- ☐ A conviction
   
 ☐ Parole  
☐ A sentence
   
 ☐ Credits  
☐ Jail or prison conditions
   
 ☒ Prison discipline  
☐ Other (specify): \_\_\_\_\_

1. Your name: QUILLIE HARVEY
2. Where are you incarcerated? SALINAS VALLEY STATE PRISON
3. Why are you in custody? ☒ Criminal Conviction ☐ Civil Commitment

Answer subdivisions a. through i. to the best of your ability.

- a. State reason for civil commitment or, if criminal conviction, state nature of offense and enhancements (for example, "robbery with use of a deadly weapon").

2ND DEGREE MURDER WITH USE OF A FIRE ARM.

- b. Penal or other code sections: 187

- c. Name and location of sentencing or committing court: SAN DIEGO COUNTY

- d. Case number: N/A

- e. Date convicted or committed: 1991

- f. Date sentenced: N/A

- g. Length of sentence: 19 YEARS TO LIFE

- h. When do you expect to be released? UPON REHABILITATION

- i. Were you represented by counsel in the trial court? ☐ Yes. ☒ No. If yes, state the attorney's name and address:

4. What was the LAST plea you entered? (check one)

☐ Not guilty
   ☒ Guilty
   ☐ Nolo Contendere
   ☐ Other: \_\_\_\_\_

5. If you pleaded not guilty, what kind of trial did you have?

☐ Jury
   ☐ Judge without a jury
   ☐ Submitted on transcript
   ☐ Awaiting trial



## 6. GROUNDS FOR RELIEF

**Ground 1:** State briefly the ground on which you base your claim for relief. For example, "the trial court imposed an illegal enhancement." (If you have additional grounds for relief, use a separate page for each ground. State ground 2 on page four. For additional grounds, make copies of page four and number the additional grounds in order.)

I WAS NOT GIVING A STAFF ASSISTANT WHICH PREVENTED ME FROM IDENTIFYING THE LOCATIONS OF MY WITNESSES.

## a. Supporting facts:

Tell your story briefly without citing cases or law. If you are challenging the legality of your conviction, describe the facts upon which your conviction is based. If necessary, attach additional pages. CAUTION: You must state facts, not conclusions. For example, if you are claiming incompetence of counsel you must state facts specifically setting forth what your attorney did or failed to do and how that affected your trial. Failure to allege sufficient facts will result in the denial of your petition. (See *In re Swain* (1949) 34 Cal.2d 300, 304.) A rule of thumb to follow is: who did exactly what to violate your rights at what time (when) or place (where). (If available, attach declarations, relevant records, transcripts, or other documents supporting your claim.)

ON JUNE 14, 2005 PETITIONER WAS PLACED IN A.D. 566 FOR POSSESSION OF A WEAPON AND NARCOTICS. PETITIONER REQUESTED A STAFF ASSISTANT BECAUSE HE KNEW WHAT CELLS HIS WITNESSES WERE IN BUT DID NOT KNOW THEIR CDC NUMBERS. PETITIONER'S WITNESSES WOULD HAVE STATED THAT THE OFFICERS WERE GOING FROM CELL TO CELL AND PLACING CONTRABAND IN ONE 8x6 ENVELOPE. PETITIONER'S WITNESSES WOULD HAVE STATED THAT THE WEAPONS DID NOT COME OUT OF PETITIONER'S CELL. THE DENIAL OF A STAFF ASSISTANT RESULTED IN PETITIONER NOT BEING ABLE TO PROPERLY PREPARE HIS DEFENSE AND ULTIMATELY ENDING IN A FINDING OF GUILT FOR POSSESSION OF A WEAPON.

(RELEVANT PAGES TO THIS COUNT OR GROUND PAGES 56, 55, 54, 53 & 75.

(FOR PURPOSE OF THIS WRIT THE ATTACHMENT ARE NUMBERED OF "BOTTOM" OF PAGE)

## b. Supporting cases, rules, or other authority (optional):

(Briefly discuss, or list by name and citation, the cases or other authorities that you think are relevant to your claim. If necessary, attach an extra page.)

C.C.R. 15, 3315(d) & 3318(b)(B), 14<sup>TH</sup> AMENDMENT TO THE U.S. CONSTITUTION, *WOLFF V. MCDONNELL* (1974) 410 U.S. 539, 566

7. Ground 2 or Ground 2 (if applicable):

MC-275

OFFICER DIAZ & PARSONS WROTE FALSE REPORTS WHICH DENIED PETITIONER A FAIR & IMPARTIAL HEARING.

## a. Supporting facts:

THE SAME EVIDENCE I WAS FOUND GUILTY ON WAS OFFICER DIAZ'S & PARSONS REPORT, WHICH WERE FALSE. BECAUSE PETITIONER WAS DENIED HIS WITNESSES PETITIONER HAD TO GET OFFICERS DIAZ & PARSONS TO ADMIT THAT THERE WERE MORE THEN THEM TWO IN PETITIONERS CELL AND THAT THE SEARCHES WERE NOT DONE PROFESSIONAL AS THEIR REPORTS REFLECTED. (SEE ATTACHMENTS 70:71) INSTEAD OF TELLING THE TRUTH THEY SAID THEY WERE THE ONLY ONES THAT SEARCHED MY CELL AND THAT THEY WERE NOT PLACING ALL CONTRABAND IN ONE ENVELOPE. SALAS'S REPORT SHOWS THAT HE WAS ALSO SEARCHING MY CELL. (ATTACHMENT 47) I ALSO SEEN TWO OTHER OFFICERS THAT HAD CAME OUT OF ANOTHER CELL GO INTO MINE TO SEARCH. THE OFFICERS ALSO STATED THEY PHOTOGRAPHED THE CONTRABAND IN THE PLACE WHERE IT WAS FOUND. THIS WAS FALSE BECAUSE ALL THE CONTRABAND WAS PLACED IN A EVIDENCE ENVELOPE THEN PUT IN THE CELLS LATER, TO BE PHOTOGRAPHED. (ATTACHMENTS 59, 60:61). THE SAME EVIDENCE WHICH WERE FALSE REPORTS WERE ALSO USED AGAINST ME AT A JULY 30<sup>TH</sup> 2007 PAROLE HEARING TO SHOW THAT I WAS A POTENTIAL THREAT TO SOCIETY. WHEN I TOLD THE BOARD OF PAROLE HEARINGS THAT THE WRITE UP WAS UNDER APPEAL I WAS TOLD THAT AS LONG AS I WAS FOUND GUILTY IT WOULD BE USED AGAINST ME AND IT WASN'T THEIR JOB TO LOOK AT ALL THE EVIDENCE. I WILL BE GOING BACK TO A HEARING FOR PAROLE IN 2012 AND THIS ILLEGAL FINDING OF GUILT WILL BE USED AGAINST ME BECAUSE THE BOARD HAS STIPULATED THAT I AM TO BE DISCIPLINARY FREE FOR A SUBSTANTIAL AMOUNT OF TIME. I MAKE NO ASSUMPTIONS THAT I WAS FRAMED A MISTAKE WAS MADE AND NEEDS TO BE RECTIFIED.

## b. Supporting cases, rules, or other authority:

63483 WEST'S ANN. CAL. PENAL CODE § 118.1 "PEACE OFFICER FALSE REPORT."

63509 WEST'S ANN. CAL. PENAL CODE § 125 "UNQUALIFIED STATEMENT OF THAT NOT KNOWN TO BE TRUE" 14<sup>TH</sup> AMENDMENT TO THE U.S. CONSTITUTION.

8. Did you appeal from the conviction, sentence, or commitment? ☒ Yes. ☐ No. If yes, give the following information:
- a. Name of court ("Court of Appeal" or "Appellate Dept. of Superior Court"): SUPERIOR COURT HABEAS; COURT OF APPEAL (HC5707); (H032177)
- b. Result DENIED; DENIED. c. Date of decision: 6-21-07; 11-30-07.
- d. Case number or citation of opinion, if known: HC5707; H032177.
- e. Issues raised: (1) DUE PROCESS
- (2) DUE PROCESS
- (3) FALSE REPORTS
- f. Were you represented by counsel on appeal? ☐ Yes. ☒ No. If yes, state the attorney's name and address, if known:

9. Did you seek review in the California Supreme Court? ☐ Yes ☒ No. If yes, give the following information:
- a. Result N/A b. Date of decision: N/A
- c. Case number or citation of opinion, if known: N/A
- d. Issues raised: (1) N/A
- (2) N/A
- (3) N/A
10. If your petition makes a claim regarding your conviction, sentence, or commitment that you or your attorney did not make on appeal, explain why the claim was not made on appeal:
- N/A

## 11. Administrative Review:

- a. If your petition concerns conditions of confinement or other claims for which there are administrative remedies, failure to exhaust administrative remedies may result in the denial of your petition, even if it is otherwise meritorious. (See *In re Muszalski* (1975) 52 Cal.App.3d 500 [125 Cal.Rptr. 286].) Explain what administrative review you sought or explain why you did not seek such review:

EXHAUSTED THROUGH 3<sup>RD</sup> LEVEL, STATE HABEAS & COURT OF APPEAL.

- b. Did you seek the highest level of administrative review available? ☒ Yes. ☐ No.  
 Attach documents that show you have exhausted your administrative remedies.



12. Other than direct appeal, have you filed any other petitions, applications, or motions with respect to this conviction, commitment, or issue in any court? ☒ Yes. If yes, continue with number 13. ☐ No. If no, skip to number 15.

MC-275

13. a. (1) Name of court: MONTEREY COUNTY HABEAS CORPUS  
 (2) Nature of proceeding (for example, "habeas corpus petition"): HABEAS CORPUS  
 (3) Issues raised: (a) DUE PROCESS  
 (b) DUE PROCESS  
 (4) Result (Attach order or explain why unavailable): DENIED  
 (5) Date of decision: JUNE 21, 2007
- b. (1) Name of court: MONTEREY COUNTY SUPERIOR COURT OF APPEAL 6TH DIS.  
 (2) Nature of proceeding: HABEAS  
 (3) Issues raised: (a) DUE PROCESS  
 (b) DUE PROCESS  
 (4) Result (Attach order or explain why unavailable): DENIED  
 (5) Date of decision: 11-30-07

c. For additional prior petitions, applications, or motions, provide the same information on a separate page.

14. If any of the courts listed in number 13 held a hearing, state name of court, date of hearing, nature of hearing, and result:

N/A

15. Explain any delay in the discovery of the claimed grounds for relief and in raising the claims in this petition. (See *In re Swain* (1949) 34 Cal.2d 300, 304.)

N/A

16. Are you presently represented by counsel? ☐ Yes. ☒ No. If yes, state the attorney's name and address, if known:

17. Do you have any petition, appeal, or other matter pending in any court? ☒ Yes. ☐ No. If yes, explain:

CIVIL & CRIMINAL HABEAS ON OTHER CASES NOT CONNECTED TO THIS.

18. If this petition might lawfully have been made to a lower court, state the circumstances justifying an application to this court:

I, the undersigned, say: I am the petitioner in this action. I declare under penalty of perjury under the laws of the State of California that the foregoing allegations and statements are true and correct, except as to matters that are stated on my information and belief, and as to those matters, I believe them to be true.

Date: 1-10-08

Quillie Harvey  
 (SIGNATURE OF PETITIONER)

STATE OF CALIFORNIA  
CDCR 3022-B (REV. 07/07)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

## PROGRAM STATUS REPORT

### PART B – PLAN OF OPERATION / STAFF & INMATE NOTIFICATION

*Describe only this reporting periods specific Plan of Operation*

INSTITUTION SVSP	EFFECTIVE DATE OF PLAN January 3, 2008	PROGRAM STATUS NUMBER: FC-08-08-07
<input type="checkbox"/> NORMAL PROGRAM <input checked="" type="checkbox"/> MODIFIED PROGRAM <input type="checkbox"/> LOCKDOWN <input type="checkbox"/> STATE OF EMERGENCY		
<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> UPDATE <input type="checkbox"/> CLOSURE		
<b>RELATED INFORMATION (CHECK ALL THAT APPLY)</b>		
<b>AREA AFFECTED</b> <input type="checkbox"/> INSTITUTION: <input checked="" type="checkbox"/> FACILITY: Facility C <input type="checkbox"/> HOUSING UNIT: <input type="checkbox"/> VOCATION: <input type="checkbox"/> EDUCATION: <input type="checkbox"/> OTHER:	<b>INMATES AFFECTED</b> <input type="checkbox"/> ALL <input checked="" type="checkbox"/> BLACK <input checked="" type="checkbox"/> WHITE <input checked="" type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER:	<b>REASON</b> <input checked="" type="checkbox"/> BATTERY <input type="checkbox"/> DEATH <input checked="" type="checkbox"/> RIOT / DISTURBANCE <input type="checkbox"/> GROUPING <input checked="" type="checkbox"/> OTHER Weapons/Staff Threat <input checked="" type="checkbox"/> On-going Violence
<b>MOVEMENT</b> <input checked="" type="checkbox"/> NORMAL Inmates on Phase VIII release <input type="checkbox"/> ESCORT ALL MOVEMENT <input type="checkbox"/> UNCLOTHED BODY SEARCH PRIOR TO ESCORT <input type="checkbox"/> CONTROLLED MOVEMENT <input checked="" type="checkbox"/> OTHER: I/M on modified program in restraints	<b>WORKERS</b> <input checked="" type="checkbox"/> NORMAL I/M release to program <input type="checkbox"/> CRITICAL WORKERS ONLY <input type="checkbox"/> CULINARY <input type="checkbox"/> CLERKS <input type="checkbox"/> VOCATION/EDUCATION <input type="checkbox"/> CANTEEN <input type="checkbox"/> CLOTHING ROOM <input type="checkbox"/> RESTRICTED WORK PROGRAM <input type="checkbox"/> PORTERS <input type="checkbox"/> NO INMATE WORKERS	<b>DAYROOM</b> <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> NO DAYROOM ACTIVITIES <input type="checkbox"/> MODIFIED:  <b>RECREATION</b> <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> NO RECREATIONAL ACTIVITIES <input type="checkbox"/> MODIFIED:
<b>FEEDING</b> <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> CELL FEEDING <input type="checkbox"/> CONTROLLED FEEDING IN DINING ROOM <input type="checkbox"/> HOUSING UNIT/DORM AT A TIME  <input type="checkbox"/> DORM POD AT A TIME <input type="checkbox"/> TIER AT A TIME <input type="checkbox"/> HOUSING UNIT SECTION AT A TIME <input type="checkbox"/> SACK MEAL BREAKFAST <input type="checkbox"/> SACK MEAL LUNCH <input type="checkbox"/> SACK MEAL DINNER	<b>SHOWERS</b> <input checked="" type="checkbox"/> NORMAL I/M released to program <input checked="" type="checkbox"/> ESCORTED I/M on modified program <input checked="" type="checkbox"/> ONE INMATE PER SHOWER – OWN TIER <input type="checkbox"/> CELL PARTNERS TOGETHER – OWN TIER <input type="checkbox"/> DORM SHOWERING BY GROUP <input type="checkbox"/> CRITICAL WORKERS ONLY <input type="checkbox"/> NO SHOWERS	<b>CANTEEN</b> <input checked="" type="checkbox"/> NORMAL I/M release to program <input type="checkbox"/> NO CANTEEN <input checked="" type="checkbox"/> MODIFIED: \$45.00 canteen draw for modified I/M
<b>DUCATS</b> <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> MEDICAL DUCATS ONLY <input type="checkbox"/> CLASSIFICATION DUCATS <input type="checkbox"/> PRIORITY DUCATS ONLY	<b>MEDICAL</b> <input checked="" type="checkbox"/> NORMAL MEDICAL PROGRAM I/M released to program <input checked="" type="checkbox"/> PRIORITY DUCATS ONLY I/M on modified program <input checked="" type="checkbox"/> LVN CONDUCT ROUNDS IN UNITS I/M on modified program <input checked="" type="checkbox"/> INMATES ESCORTED TO SICK CALL I/M on modified program <input type="checkbox"/> EMERGENCY MEDICAL ONLY <input type="checkbox"/> OTHER:	<b>PACKAGES</b> <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> NO PACKAGES <input type="checkbox"/> MODIFIED:
<b>VISITING</b> <input checked="" type="checkbox"/> NORMAL VISITING I/M Phase VIII/Others <input checked="" type="checkbox"/> NON-CONTACT ONLY I/M on modified program <input type="checkbox"/> NO VISITING <input type="checkbox"/> OTHER:	<b>LEGAL LIBRARY</b> <input checked="" type="checkbox"/> NORMAL I/M released to program <input checked="" type="checkbox"/> APPROVED COURT DEADLINES PLU progressing to GLU	<b>PHONE CALLS</b> <input type="checkbox"/> NORMAL I/M released to program <input checked="" type="checkbox"/> NO PHONE CALLS <input type="checkbox"/> MODIFIED:
<b>RELIGIOUS SERVICES</b> <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> NO RELIGIOUS SERVICES <input checked="" type="checkbox"/> MODIFIED: In-cell worship		

REMARKS: Facility C has suspended its incremental release due to incidents SVP-FCY-08-01-0003 and SVP-FCY-08-01-0004. The facility will be assessing those two incidents. As part of the assessment the facility will be conducting interviews with the inmate population. All Southern/Mexican National, White and Fresno Bulldogs will be placed on modified program. Inmates who have been released within Phase VIII are on normal program. The BMU is at normal program. The Other population is at normal program.

.State of Emergency only: Postponement of nonessential administrative decisions, actions and the normal time requirements:

☐ Approved    ☐ Disapproved

PREPARED BY: J. CELAYA	DATE 01/03/2008	NAME / SIGNATURE (WARDEN) M.S. EVANS	DATE 01/02/3008
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STATE OF CALIFORNIA  
COUNTY OF MONTEREY

(C.C.P. SEC. 466 &amp; 2015.5; 28 U.S.C. SEC. 1746)

I, Quillie HARVEY declare under penalty of perjury that: I am the PETITIONER in the above entitled action; I have read the foregoing documents and know the contents thereof and the same is true of my own knowledge, except as to matters stated therein upon information, and belief, and as to those matters, I believe they are true.

Executed this 10<sup>TH</sup> day of JANUARY, 2008, at Salinas Valley State Prison, Soledad, California 93960-1050.

(Signature) Quillie Harvey  
DECLARANT/PRISONER

## PROOF OF SERVICE BY MAIL

(C.C.P. SEC 1013(a) &amp; 2015.5; 28 U.S.C. SEC. 1746)

I, Quillie HARVEY, am a resident of California State Prison, in the County of Monterey, State of California; I am over the age of eighteen (18) years and am not a party of the above entitled action. My state prison address is: P.O. Box 1050, Soledad, California 93960-1050.

On JANUARY 10, 2008, I served the foregoing: PETITION FOR WRIT OF HABEAS CORPUS

(Set forth exact title of document(s) served)

On the party(s) herein by placing a true copy(s) thereof, enclosed in sealed envelope(s), with postage thereof fully paid, in the United States Mail, in a deposit box so provided at Salinas Valley State Prison, Soledad, California 93960-1050.

SUPREME COURT OF CALIFORNIA  
PART WARREN BUILDING  
350 MCALLISTER STREET  
SAN FRANCISCO, CA. 94102

(List parties served)

There is delivery service by United States Mail at the place so addressed, and/or there is regular communication by mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: 1-10-, 2008

Quillie Harvey

**Supreme Court Copy****FILED**

SUPERIOR COURT OF CALIFORNIA

COUNTY OF MONTEREY

JUN 21 2007

LISA M. GALDOS  
CLERK OF THE SUPERIOR COURT  
DEPUTY) Case No.: HC 5707  
) ORDERS. GARSIDE  
**SUPREME COURT  
LODGED EXHIBITS**

In re

Quillie Leroy Harvey, Jr.

On Habeas Corpus.

JAN 14 2007

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Deputy

Petitioner filed a petition for writ of habeas corpus. On June 8, 2007, Petitioner filed a "Motion for Leave to File Supplemental Claims." The motion was granted.

Petitioner is incarcerated at Salinas Valley State Prison in Soledad.

**S159909**

On October 19, 2006, Petitioner was found guilty of possession of a deadly weapon (Rules Violation Report (RVR) S06-03-0033R). No credit was forfeited.

Petitioner has exhausted his administrative remedies.

A prison administrator's decision to revoke good time credits must be based on some evidence. *Superintendent v. Hill* (1985) 472 U.S. 445, 455.

There is some evidence that supports the Senior Hearing Officer's guilty finding. The guilty finding was based on 1) RVR authored by Correctional Officer A. Diaz and 2) CDC837 Supplemental Report Log No. SVP-CEN-05-06-0365 authored by Correctional Officer E. Parsons. In the RVR, Correctional Officer Diaz stated that he found an inmate manufactured weapon on the Petitioner's bed. On June 14, 2005, Correctional Officers Diaz and Parsons conducted a search of the cell occupied by Petitioner and Inmate Knight. Correctional Officer Diaz searched the top bed, lifted the mattress and found one inmate manufactured weapon on the bed. The top bed was assigned to Petitioner. The weapon was in the middle of the bed which was approximately 5-inches in length and ½ inch width sharpened to a point. Attached to the weapon were a white cloth sleeve and a blue cloth string laced on top to tie a noose to cover the



1 metal. The weapon also had a blue cloth string that tied on top wrapped by a rubberband to form  
2 a makeshift handle. In his supplemental report, Correctional Officer Parson stated that during  
3 the search Correctional Officer Diaz found two inmate manufactured weapons and a suspected  
4 heroin.

5 Petitioner claims that Correctional Officers Diaz and Parson wrote false reports.  
6 Petitioner's claim fails. Here, the Senior Hearing Officer found their statements credible.  
7 Determining whether the some-evidence standard has been met does not require an examination  
8 of the entire record, *independent assessment of the credibility of witnesses, or weighing of the*  
9 *evidence. Superintendent v. Hill, supra, 472 U.S. at pp. 455-456.*

10 Petitioner appears to claim that the anonymous note to staff was not reliable. On or about  
11 June 2, 2006, Petitioner was issued a CDC1030, Confidential Information Disclosure Form. The  
12 anonymous note received stated that a search of several cells on Facility C would produce  
13 weapons and drugs. Petitioner's claim is irrelevant because the anonymous note "was not used  
14 at [the RVR] hearing." (See 115-C dated October 19, 2006.)

15 Petitioner claims that he was denied due process because he was not timely served with  
16 the RVR. Petitioner fails to show prejudice. Since Petitioner was not timely served with the  
17 RVR, Associate Warden C. Noll ordered the RVR reissued and reheard. The RVR was reissued  
18 and reheard. Moreover, no credit forfeiture occurred.


19 Petitioner claims that the delay in holding the RVR hearing hindered his ability to call  
20 witnesses. This claim is not persuasive. Petitioner requested witnesses, but did not provide their  
21 CDC numbers nor their current housing location. Petitioner had sufficient time to obtain the  
22 CDC numbers and locations of the requested witnesses. Petitioner should have been able to  
23 provide the necessary information to locate the Petitioner's requested witnesses. Prison officials  
24 indicated that due to the large number of inmates housed in the CDC with the last names,  
25 locating the requested witnesses with insufficient information was not possible.

1       Petitioner claims that he was denied a Staff Assistant. The prison officials properly  
2 denied Petitioner's request for a Staff Assistant. Petitioner did not make a sufficient showing  
3 that he needed a Staff Assistant under California Code of Regulations, title 15, section  
4 3315(d)(2).

5       The petition is denied.

6       IT IS SO ORDERED.

7 Dated: 6-21-07

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9 \_\_\_\_\_  
10 Hon. Jonathan R. Price  
11 Judge of the Superior Court  
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**CERTIFICATE OF MAILING**

**C.C.P. SEC. 1013a**

I do hereby certify that I am not a party to the within stated cause and that on

JUN 22 2007 I deposited true and correct copies of the following document:

ORDER in sealed envelopes with postage thereon fully prepaid, in the mail at Salinas,  
California, directed to each of the following named persons at their respective addresses  
as hereinafter set forth:

Quillie Harvey (H-28106)  
Salinas Valley State Prison  
PO Box 1050  
Soledad, CA 93960

Dated: JUN 22 2007

LISA M. GALDOS,  
Clerk of the Court

By:   
Deputy S. GARSIDE

STATE OF CALIFORNIA  
COUNTY OF MONTEREY

(C.C.P. SEC. 466 &amp; 2015.5; 28 U.S.C. SEC. 1746)

I, QUILLIE HARVEY declare under penalty of perjury that: I am the PETITIONER in the above entitled action; I have read the foregoing documents and know the contents thereof and the same is true of my own knowledge, except as to matters stated therein upon information, and belief, and as to those matters, I believe they are true.

Executed this 25<sup>TH</sup> day of APRIL, 2007, at Salinas Valley State Prison, Soledad, California 93960-1050.

(Signature)

Quillie Harvey  
DECLARANT/PRISONER

## PROOF OF SERVICE BY MAIL

(C.C.P. SEC 1013(a) &amp; 2015.5; 28 U.S.C. SEC. 1746)

I, Matthew R. Bradford, am a resident of California State Prison, in the County of Monterey, State of California; I am over the age of eighteen (18) years and am/am not a party of the above entitled action. My state prison address is: P.O. Box 1050, Soledad, California 93960-1050.

On APRIL 25, 2007, I served the foregoing: PETITION FOR WRIT OF HABEAS CORPUS

TOTALING 67 PAGES

(Set forth exact title of document(s) served)

On the party(s) herein by placing a true copy(s) thereof, enclosed in sealed envelope(s), with postage thereof fully paid, in the United States Mail, in a deposit box so provided at Salinas Valley State Prison, Soledad, California 93960-1050.

OFFICE OF THE ATTORNEY GENERAL  
455 GOLDEN GATE AVE. SUITE 11000  
SAN FRANCISCO, CA. 94102  
ATTN: CORRECTIONAL LAW SECTION

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF MONTEREY  
240 CHURCH STREET, SUITE 318  
SALINAS, CA. 93901

(List parties served)

There is delivery service by United States Mail at the place so addressed, and/or there is regular communication by mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: 4-25-, 2007.

Matthew R. Bradford  
Quillie Harvey  
DECLARANT/PRISONER

(5)



MC-275

Name QUILLIE HARVEYAddress P.O. BOX 1050Soledad, CA. 93960CDC or ID Number H-28106

MAY 01 2007

**FILED**

MAY 01 2007

LISA M. GALDOS  
CLERK OF THE SUPERIOR COURT  
DEPUTY

S. GARSIDE

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF MONTEREY  
(Court)

## PETITION FOR WRIT OF HABEAS CORPUS

<u>QUILLIE LEROY HARVEY JR.</u>	
Petitioner	vs.
<u>M. S. EVANS</u>	
Respondent	

No. HC5707  
(To be supplied by the Clerk of the Court)

## INSTRUCTIONS—READ CAREFULLY

- If you are challenging an order of commitment or a criminal conviction and are filing this petition in the Superior Court, you should file it in the county that made the order.
- If you are challenging the conditions of your confinement and are filing this petition in the Superior Court, you should file it in the county in which you are confined.
- Read the entire form *before* answering any questions.
- This petition must be clearly handwritten in ink or typed. You should exercise care to make sure all answers are true and correct. Because the petition includes a verification, the making of a statement that you know is false may result in a conviction for perjury.
- Answer all applicable questions in the proper spaces. If you need additional space, add an extra page and indicate that your answer is "continued on additional page."
- If you are filing this petition in the Superior Court, you need file only the original unless local rules require additional copies. Many courts require more copies.
- If you are filing this petition in the Court of Appeal, file the original and four copies of the petition and, if separately bound, one copy of any supporting documents.
- If you are filing this petition in the California Supreme Court, file the original and ten copies of the petition and, if separately bound, two copies of any supporting documents.
- Notify the Clerk of the Court in writing if you change your address after filing your petition.
- In most cases, the law requires service of a copy of the petition on the district attorney, city attorney, or city prosecutor. See Penal Code section 1475 and Government Code section 72193. You may serve the copy by mail.

Approved by the Judicial Council of California for use under Rule 60 of the California Rules of Court [as amended effective January 1, 2005]. Subsequent amendments to Rule 60 may change the number of copies to be furnished to the Supreme Court and Court of Appeal.

Page one of six

## This petition concerns:

- ☐ A conviction
 ☐ Parole  
☐ A sentence
 ☐ Credits  
☐ Jail or prison conditions
 ☒ Prison discipline  
☐ Other (specify): \_\_\_\_\_

Your name: QUILLIE HARVEY  
 Where are you incarcerated? SALINAS VALLEY STATE PRISON  
 Why are you in custody? ☒ Criminal Conviction ☐ Civil Commitment

Answer subdivisions a. through i. to the best of your ability.

a. State reason for civil commitment or, if criminal conviction, state nature of offense and enhancements (for example, "robbery with use of a deadly weapon").

2ND DEGREE MURDER WITH THE USE OF A FIREARM

b. Penal or other code sections: 187

c. Name and location of sentencing or committing court: SAN DIEGO COUNTY

d. Case number: \_\_\_\_\_

e. Date convicted or committed: 1991

f. Date sentenced: 1991

g. Length of sentence: 19 YEARS TO LIFE (15 TO LIFE PLUS A CONSECUTIVE 4 YEARS)

h. When do you expect to be released? UPON REHABILITATION

i. Were you represented by counsel in the trial court? ☒ Yes. ☐ No. If yes, state the attorney's name and address:

JERRY LEAHY, SAN DIEGO COUNTY

4. What was the LAST plea you entered? (check one)

☐ Not guilty
 ☒ Guilty
 ☐ Nolo Contendere
 ☐ Other: \_\_\_\_\_

5. If you pleaded not guilty, what kind of trial did you have?

☐ Jury
 ☐ Judge without a jury
 ☐ Submitted on transcript
 ☐ Awaiting trial

# GROUNDS FOR RELIEF

Ground 1: State briefly the ground on which you base your claim for relief. For example, "the trial court imposed an illegal enhancement." (If you have additional grounds for relief, use a separate page for each ground. State ground 2 on page four. For additional grounds, make copies of page four and number the additional grounds in order.)

PETITIONER did NOT RECEIVE THE PROCESSES DUE UNDER THE CALIFORNIA CODE OF REGULATIONS TITLE 15, (C.C.R.15)

## a. Supporting facts:

Tell your story briefly without citing cases or law. If you are challenging the legality of your conviction, describe the facts upon which your conviction is based. If necessary, attach additional pages. CAUTION: You must state facts, not conclusions. For example, if you are claiming incompetence of counsel you must state facts specifically setting forth what your attorney did or failed to do and how that affected your trial. Failure to allege sufficient facts will result in the denial of your petition. (See *In re Swain* (1949) 34 Cal.2d 300, 304.) A rule of thumb to follow is: who did exactly what to violate your rights at what time (when) or place (where). (If available, attach declarations, relevant records, transcripts, or other documents supporting your claim.)

ON JUNE 14, 2005 I WAS PLACED IN ADMINISTRATIVE SEGREGATION (AD. SEG.) FOR A WEAPON & NARCOTICS. I WAS NOT SERVED WITH THE RULES VIOLATION REPORT (R.V.R) WITHIN THE TIME LIMITS SET OUT IN C.C.R.15. THIS PREVENTED ME FROM BEING ABLE TO IDENTIFY AND CALL WITNESSES, WHICH ULTIMATELY PREJUDICE MY R.V.R. HEARING.

SEE ATTACHED INMATE APPEAL (602)

## b. Supporting cases, rules, or other authority (optional):

(Briefly discuss, or list by name and citation, the cases or other authorities that you think are relevant to your claim. If necessary, attach an extra page.)

C.C.R.15, 3315(d). DEPARTMENT OPERATIONS MANUAL (D.O.M) 54100.18.2  
C.C.R.15, 3320(a). C.C.R. 3320(L). C.C.R.15, 3321(b) (1), (2) & (3). C.C.R. 3321(B).  
C.C.R.15, 3315(d) (1)(A) (2).

Ground 2 or Ground \_\_\_\_\_ (if applicable):

CORRECTIONAL OFFICER WROTE FALSE REPORTS WHICH DENIED ME A FAIR, IMPARTIAL HEARING.

a. Supporting facts:

THE OFFICERS THAT SEARCHED MY CELL WROTE THEIR REPORTS AS IF THEY FOLLOWED INSTITUTION AND DEPARTMENT PROCEDURES. THEY DID NOT. ONCE I WAS DENIED MY WITNESSES I WAS FORCED TO TRY TO GET THE OFFICERS TO ADMIT THAT THEY CONTAMINATED THE CRIME SCENE BY PLACING ALL CONTRABAND THAT WAS FOUND IN THE 5 CELLS SEARCHED IN ONE ENVELOPE. BY NOT TAKING PICTURES OF THE CONTRABAND WHERE IT WAS ORIGINALLY FOUND. THE OFFICERS FABRICATED THEIR ANSWERS TO THE QUESTIONS ME: MY CELLMATE HAD THE INVESTIGATIVE EMPLOYEE ASK THEM. THEY CONTRADICTED THEIR OWN REPORTS AND FAILED TO ANSWER QUESTIONS THAT WOULD HAVE EXPOSED THE FALSY OF THE REPORTS.

SEE ATTACHED INMATE APPEAL (602)

b. Supporting cases, rules, or other authority:

\*63483 WEST'S ANN. CAL. PENAL CODE §118.1 "PEACE OFFICER: FALSE REPORT."

\*63509 WEST'S ANN. CAL. PENAL CODE §125 "UNQUALIFIED STATEMENT OF THAT NOT KNOWN TO BE TRUE"



3. Did you appeal from the conviction, sentence, or commitment? ☐ Yes. ☐ No. If yes, give the following information:

a. Name of court ("Court of Appeal" or "Appellate Dept. of Superior Court"):

N/A

b. Result \_\_\_\_\_ c. Date of decision: \_\_\_\_\_

d. Case number or citation of opinion, if known: \_\_\_\_\_

e. Issues raised: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

N/A

f. Were you represented by counsel on appeal? ☐ Yes. ☐ No. If yes, state the attorney's name and address, if known:

3. Did you seek review in the California Supreme Court? ☐ Yes ☐ No. If yes, give the following information:

a. Result \_\_\_\_\_ b. Date of decision: \_\_\_\_\_

c. Case number or citation of opinion, if known: \_\_\_\_\_

d. Issues raised: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

N/A

0. If your petition makes a claim regarding your conviction, sentence, or commitment that you or your attorney did not make on appeal, explain why the claim was not made on appeal:

N/A

1. Administrative Review:

a. If your petition concerns conditions of confinement or other claims for which there are administrative remedies, failure to exhaust administrative remedies may result in the denial of your petition, even if it is otherwise meritorious. (See *In re Muszalski* (1975) 52 Cal.App.3d 500 [125 Cal.Rptr. 286].) Explain what administrative review you sought or explain why you did not seek such review:

I FILED AN INMATE APPEAL AND EXHAUSTED THE APPEAL ALL THE WAY THROUGH THE DIRECTORS LEVEL. I ASKED THAT THE RULES VIOLATION REPORT 115 BE DISMISSED.

b. Did you seek the highest level of administrative review available? ☒ Yes. ☐ No.

Attach documents that show you have exhausted your administrative remedies.

2. Other than direct appeal, have you filed any other petitions, applications, or motions with respect to this conviction, commitment, or issue in any court? ☐ Yes. If yes, continue with number 13. ☐ No. If no, skip to number 15.

3. a. (1) Name of court: \_\_\_\_\_  
 (2) Nature of proceeding (for example, "habeas corpus petition"): \_\_\_\_\_  
 (3) Issues raised: (a) \_\_\_\_\_  
 (b) \_\_\_\_\_

(4) Result (Attach order or explain why unavailable): \_\_\_\_\_

(5) Date of decision: \_\_\_\_\_

b. (1) Name of court: \_\_\_\_\_

(2) Nature of proceeding: \_\_\_\_\_

(3) Issues raised: (a) \_\_\_\_\_

(b) \_\_\_\_\_

(4) Result (Attach order or explain why unavailable): \_\_\_\_\_

(5) Date of decision: \_\_\_\_\_

c. For additional prior petitions, applications, or motions, provide the same information on a separate page.

4. If any of the courts listed in number 13 held a hearing, state name of court, date of hearing, nature of hearing, and result:

5. Explain any delay in the discovery of the claimed grounds for relief and in raising the claims in this petition. (See *In re Swain* (1949) 34 Cal.2d 300, 304.)

6. Are you presently represented by counsel? ☐ Yes. ☒ No. If yes, state the attorney's name and address, if known:

7. Do you have any petition, appeal, or other matter pending in any court? ☒ Yes. ☐ No. If yes, explain:

I HAVE A U.S.C. 1983 CIVIL RIGHTS COMPLAINT C-05-5398 CRB (PR) AND C-02-1244 CRB (PR)

8. If this petition might lawfully have been made to a lower court, state the circumstances justifying an application to this court:

the undersigned, say: I am the petitioner in this action. I declare under penalty of perjury under the laws of the State of California that the foregoing allegations and statements are true and correct, except as to matters that are stated on my information and belief, and as to those matters, I believe them to be true.

Date: 4-25-07

► Phillie Harner  
 (SIGNATURE OF PETITIONER)

STATE OF CALIFORNIA  
DEPARTMENT OF CORRECTIONS AND REHABILITATION  
INMATE APPEALS BRANCH  
P. O. BOX 942883  
SACRAMENTO, CA 94283-0001

**DIRECTOR'S LEVEL APPEAL DECISION**

Date: **APR 04 2007**

In re: Harvey, H-28106  
Salinas Valley State Prison  
P.O. Box 1020  
Soledad, CA 93960-1020

IAB Case No.: 0608282

Local Log No.: SVSP 06-03448

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner J. G. Arceo, Facility Captain. All submitted documentation and supporting arguments of the parties have been considered.

**I APPELLANT'S ARGUMENT:** The appellant is submitting this appeal relative to CDC Form 115, Rules Violation Report (RVR), Log #S06-03-0033R, dated June 14, 2005, for Possession of a Deadly Weapon/Possession of Controlled Substance. It is the appellant's position that his due process rights were violated in that he did not receive a copy of the note, used as probable cause for the cell searches upon which the contraband was discovered and the institution disregarded the Classification Staff Representative's (CSR) deferral order. He requests that the RVR be dismissed.

**II SECOND LEVEL'S DECISION:** The reviewer found that the appellant was not afforded due process as a time constraint violation occurred in the issuance of the initial copy of the RVR. The issue regarding the identity of the witnesses requested by the appellant was addressed in the Second Level of Review (SLR). The appellant was unable to provide proper identification for the witnesses he requested. The appellant was provided a CDC Form 1030, Confidential Information Disclosure Form, dated June 2, 2006, to safely disclose the information included in the anonymous note to staff. The finding of guilt was based on the written report and the preponderance of evidence presented to the Senior Hearing Officer (SHO) during the hearing.

**III DIRECTOR'S LEVEL DECISION:** Appeal is denied.

**A. FINDINGS:** The documentation and arguments are persuasive that the appellant has failed to support his appeal issues with sufficient evidence or facts to warrant a modification of the SLR. There is no evidence that supports the appellant's contentions that the evidence presented at the hearing does not support the charge or the guilty finding. The appellant provided no additional evidence to mitigate or warrant a different finding by the SHO.

The appellant was issued a CDC Form 1030 that included as much information as possible to afford him with the reason his cell was searched even though departmental policy allows for unannounced searches in order to ensure institutional safety and security or when there is substantial reason to believe contraband is present. Therefore, the appellant's argument that the RVR should be dismissed because the CSR's wishes were not carried out is, rejected at the DLR. The CSR's directions in the CDC Form 128-G, Classification Chrono, dated January 4, 2006, are duly noted. However, the institution could not evaluate the credibility of the information included in the anonymous note unless they acted upon it, which they did. The information proved to be reliable as a deadly weapon was located under the appellant's mattress, and another weapon was discovered along with heroin and tobacco on the lower bunk. This search fixed responsibility for the contraband upon the appellant and his cell partner. The institution is required by law to enforce departmental policies. In this matter the institution has fulfilled their lawful duty pursuant to the California Code of Regulations, Title 15 (CCR), Section 3287. The CCR 3287(a)(1) requires that "Occupied cells, rooms and dormitory areas, including fixtures and lockers, and any personal and state-issued property of the occupant will be inspected on an infrequent and unscheduled basis. More frequent inspections will be conducted in specialized housing units, depending upon the security requirements of the unit and the risk an individual inmate presents to that security." (2) "Cell and property inspections are necessary in order to detect and control serious

12



HARVEY, H-28106  
CASE NO. 0608282  
PAGE 2

contraband and to maintain institution security. Such inspections will not be used as a punitive measure nor to harass an inmate. Every reasonable precaution will be taken to avoid damage to personal property and to leave the inmate's quarters and property in good order upon completion of the inspection."

(3) "An inmate's presence is not required during routine inspections of living quarters and property when the inmate is not or would not otherwise be present. During special inspections or searches initiated because the inmate is suspected of having a specific item or items of contraband in his or her quarters or property, the inmate should be permitted to observe the search when it is reasonably possible and safe to do so." (4) "The inmate will be given a written notice for any item(s) of personal and authorized state-issued property removed from his or her quarters during an inspection and the disposition made of such property. The notice will also list any contraband picked up or any breach of security noted during the inspection, and the follow-up action intended by the inspecting officer."

"(b) An inmate is subject to an inspection of his or her person, either clothed or unclothed, when there is a substantial reason to believe the inmate may have unauthorized or dangerous items concealed on his or her person, or that he or she may have been involved in an altercation of any kind. Such inspections may also be a routine requirement for inmate movement into or out of high security risk areas. Random or spot-check inspections of inmates may also be authorized by the institution head to prevent possession and movement of unauthorized or dangerous items and substances into, out of, or within the institution. Visual daily inspections of inmates shall be made to ensure compliance with departmental grooming standards. All such inspections shall be conducted in a professional manner which avoids embarrassment or indignity to the inmate. Whenever possible, unclothed body inspections of inmates shall be conducted outside the view of others."

(1) "Correctional employees, other than qualified medical staff, shall not conduct unclothed body inspections of inmates of the opposite sex except under emergency conditions with life or death consequences."

The CCR 3287 5(c) states, "Inspections of inmate cell or living areas, property, work areas, and body shall be conducted on an unannounced, random basis as directed by the institution head. Such inspections shall be conducted no more frequently than necessary to control contraband, recover missing or stolen property, or maintain proper security of the institution." (d) "A written record shall be maintained of the disposition of contraband and stolen or missing property confiscated as the result of cell, property, or body inspections."

As unfortunate as the appellant perceives this RVR to be, he was afforded the opportunity to provide an adequate defense to which he did not. The circumstances of the specific act are simple and not complex; but he was assigned an Investigative Employee. The appellant failed to properly identify witnesses to have an impact on the totality of the evidence provided to the SHO during the hearing. The appeals examiner concurs with the institution's decision in this matter.

**B. BASIS FOR THE DECISION:**

California Code of Regulations, Title 15, Section: 3287, 3315, 3320, 3321, 3323

**C. ORDER:** No changes or modifications are required by the institution.

This decision exhausts the administrative remedy available to the appellant within CDCR.



N. GRANNIS, Chief  
Inmate Appeals Branch

cc: Warden, SVSP  
Appeals Coordinator, SVSP

137



INMATE/PAROLEE  
APPEAL FORM

2 (12/97)

Location: Institution/Parole Region

Log No.

Category

1. SVSP d

1. 06-0348

1

2. \_\_\_\_\_

2. \_\_\_\_\_

may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken against you for filing the appeals procedure responsibly.

RVR

S06-03-0033R

NAME: HARVEY, Q. Willie	NUMBER: H-28106	ASSIGNMENT: . . . . .	UNIT/ROOM NUMBER: D-9-111
-------------------------	-----------------	-----------------------	---------------------------

Describe Problem: ON 11-9-06 I RECEIVED MY FINAL COPY TO RVR-S06-03-0033R. I AM APPEALING THIS LINE OF GOVT. FIRST, ALL SUPPORTING DOCUMENTS WILL BE NUMBERED. THROUGHOUT THIS APPEAL THEY WILL BE REFERRED TO AS (S.D.) AND THEIR NUMBER WILL FOLLOW. THE ORIGINAL RVR WAS DEFERRED AND C.S.R. RECOMMENDED A RETISSUE/REHEARING, AND STATED IN PART "IF THIS INFORMATION WAS ANONYMOUS INFORMATION, WHAT MADE IT CREDIBLE, THAT IT RESULTED IN A SIMULTANEOUS SEARCH OF FIVE CELLS, AND NEEDS TO BE DISCLOSED TO THE INMATE." (S.D.3) I WAS GIVEN A 1030 THAT AN ANONYMOUS NOTE WAS RECEIVED. I WAS GIVEN A COPY OF THIS NOTE OR TOLD THE CREDIBILITY (S.D.4) ON 6-14-05 I.S.U. EXTRACTED ME FROM MY CELL WITHOUT FORCE AT 5:00 A.M. I WAS THEN PLACED IN THE SHOWER WHILE I.S.U. WENT TO SEARCH MY CELL.

SEE ATTACHMENT

If need more space, attach one additional sheet.

Action Requested: I REQUEST THAT THIS BE DISMISSED.

REC'D NOV 09 2006

Inmate/Parolee Signature: Willie Harvey

Date Submitted: 11-8-06

FORMAL LEVEL (Date Received: \_\_\_\_\_)

Response: \_\_\_\_\_

BYPASS

RECEIVED  
JAN 18 2007  
JULIE APPEALS  
BRANCH

Signature: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Property/Funds appeals must be accompanied by a completed CDC Appeal Number: \_\_\_\_\_  
of Control form BC-1E, Inmate Claim

CDC Appeal Number: \_\_\_\_\_

(14)

## ATTACHMENT

AND OTHER INMATES THAT THEY HAD PULLED OUT OF THEIR CELL. I WATCHED AS DIFFERENT OFFICERS WENT FROM CELL TO CELL. THERE WAS A BIG YELLOW ENVELOPE MARKED EVIDENCE SITTING ON THE TABLE. I WATCHED DIAZ PUT 4 UNBROKEN DOWN RAZORS FROM OUT OF MY CELL INTO IT. AN HOUR LATER GIBBS WAS PLACING SOMETHING INSIDE THE ENVELOPE DIAZ TOLD HIM THERES ALREADY SOMETHING IN THERE. HE STILL LEFT WHATEVER IT WAS THERE. ALL THE I.S.U. MEMBERS WERE PLACING STUFF IN THAT ENVELOPE. I.S.U.'S REPORTS WERE WRITTEN AS IF THESE SEARCHES WERE DONE PROFESSIONALLY. WHEN I TRIED TO GET THEM TO ADMIT THEY WERENT THEY LIED TO THE I.E. (S.D. 52:48) DIAZ SAYS ONLY TWO OFFICERS SEARCHED MY CELL. I PERSONALLY SEEN GIBBS & DE LOS SANTOS SEARCHING MY CELL. DE LOS SANTOS NEVER WROTE A REPORT ABOUT HER SEARCHES BUT (S.D. 47) SHOWS SHE WAS SEARCHING MY CELL TO. FURTHER (S.D. 29) SHOWS SALAO WAS ALSO SEARCHING MY CELL. THE PICTURES CLEARLY SHOW THAT THE CONTRABAND WAS NOT PHOTOGRAPHED IN THEIR ORIGINAL POSITION. DIAZ FURTHER LIED WHEN QUESTIONED ON (S.D. 49) HE ACTS AS IF HE KNOWS NOTHING ABOUT THE DAY ROOM INCIDENT WHEN (S.D. 46) CLEARLY SHOWS HE DID. THE S.H.O. CLAIMS THAT THIS WAS SENT TO THE D.A. WHEN (S.D. 32) SHOWS IT WASNT. IF I WOULD HAVE GOTTEN A TIMELY HEARING MY WITNESSES WOULD BE STILL BEEN IN C-6-105 AND WOULD HAVE TOLD THE I.E. EXACTLY WHAT HAPPEN DURING THEM SEARCHES AND THAT THE ONLY THING THAT CAME OUT OF MY CELL WERE RAZORS THAT ME AND MY CELLIE USED TO SHAVE OUR HEADS. I.S.U. ASSESSMENT OF WHAT THEY FOUND AND HOW IT WAS FOUND AND HOW THE SEARCHES WERE DONE CLEARLY HAS BEEN MISSTATED THEREFORE THE IIS AND REPORTS ARE NOT CREDIBLE. SO MUCH TIME LAPSE THAT MY WITNESS TRANSFERRED DENYING ME A FAIR & IMPARTIAL HEARING. D.O.M. 54100, 18.2 THE S.H.O. SAID BECAUSE I DID NOT PROVIDE CDC NUMBERS IT DID NOT MATTER. C.C.R. 15. 3315 (d) AN I.E. SHALL BE ASSIGNED WHEN (K) "THE HOUSING STATUS, MAKES IT UNLIKELY THE CHARGED INMATE CAN COLLECT AND PRESENT THE EVIDENCE NECESSARY FOR AN ADEQUATE PRESENTATION OF A DEFENSE." IT WAS NOT MY FAULT THAT CSR RECOMMENDATION WAS ON 1-4-06 AND C. NO. 11 WAITED TO FOLLOW IT UNTIL 3-6-06 (S.D. 3:45), THATS WHAT PREVENTED THE I.E. FROM BEING ABLE TO QUESTION THE WITNESSES. WITH ALL OF THE ABOVE MENTIONED AND CSR'S RECOMMENDATION STILL NOT BEING CARRIED OUT THERE WAS NO PREPONDERENCE OF EVIDENCE TO FIND ME GUILTY.

Quillo Hamer

(15)

State of California

Department of Corrections and Rehabilitation

# Memorandum

Date: December 12, 2006

To: Inmate Harvey, H-28106, C2-131  
Salinas Valley State Prison

Subject: **SECOND LEVEL APPEAL RESPONSE LOG NUMBER-SVSP-D-06-03448**

## ISSUE:

The appellant is submitting this appeal relative to a Reissue/Rehear CDC Form 115, Rules Violation Report (RVR), Log # S06-03-0033R, dated 3/3/06 for "Possession of a Deadly Weapon/Possession of a Controlled Substance."

The appellant insinuates misconduct by the Investigative Services Unit staff who conducted the cell search. The appellant states the Investigative Employee report is insufficient due to the length of time associated with the Reissue/Rehear.

The appellant requests the Rules Violation Report (RVR) be dismissed.

## SUMMARY OF INVESTIGATION:

The First Level of Review was bypassed per CCR 3084.5(b). Eloy Medina, Appeals Coordinator, was assigned to investigate this appeal at the Second Level of Review. The appellant was interviewed on December 20, 2006 by Eloy Medina.

In accordance with the CCR §3084.5 (h) Disciplinary Appeals; the RVR and supporting documentation is reviewed for procedural or due process requirements. All submitted documentation and supporting arguments have been considered. Additionally, a thorough examination has been conducted regarding the claim presented by the appellant and evaluated in accordance with Salinas Valley State Prison Operational Procedures (OP); the CCR; and the Departmental Operations Manual (DOM).

The discovery date of the RVR was 3/3/06. Appellant received his copy of the RVR on 3/22/06, which was not within fifteen (15) days of the discovery.

The RVR was referred to the Monterey County District Attorney's (DA) office for possible prosecution. Prosecution was declined on 8/18/05.

The RVR reflects that the appellant attended the disciplinary hearing held on 10/19/06 and pled "not guilty" to the charge.

A Staff Assistant was not assigned, pursuant to CCR §3315(d)(2).

(16)



Inmate Harvey H-28106  
Appeal Log Number-SVSP-06-03448  
Page 2

Appellant was not a participant in the Mental Health Services Delivery System (MHSDS).

An Investigative Employee (I.E.) was assigned; Correctional Officer C. Reyes.

The SHO determined a guilty finding, and assessed zero (0) days credit loss forfeiture due to lost time constraints.

The appellant states he was not afforded all requested witnesses.

The appellant requested two witnesses during the IE but did not provide their CDC numbers nor their current housing location. The appellant had almost a year to obtain the CDC numbers and locations of the requested witnesses and should have been able to provide the necessary information to locate the appellant's requested witnesses. The appellant neglected to obtain this information. Due to the large number of inmates housed in CDC with the same last names, locating the requested witnesses with insufficient information was not possible.

The appellant states he should have been provided a copy of the note that prompted the cell search.

Providing a copy of the note could jeopardize the unknown inmate author of the note because the appellant could attempt to identify the writing style of the unknown inmate author and therefore identify the confidential informant. This would place a great risk to the confidential informant and hinder staff's ability to continue to receive confidential information.

The appellant states ISU officer reports conflict and staff other than the listed searching officers entered the cell.

Because the statements are not word-for-word, the appellant states the officer's reports conflict. The officer's statements are consistent with the photographs and the reports.

The appellant's insinuations that there was staff misconduct were already investigated by the Office of Internal Affairs. The results of that investigation will not be shared with the appellant (SVSP Appeal Log #SVSP-05-04355 filed by the appellant's former cellmate).

The appellant states that too much time elapsed between the event and the RVR hearing. However, it is noted that the appellant was provided an Investigative Employee and presented a defense to the charges during the hearing. The purpose of the Reissue/Rehear was to preserve the due process rights of the appellant.

(17)

Inmate Harvey H-28106  
Appeal Log Number-SVSP-06-03448  
Page 33

The only hindrance identified by the appellant due to the time lapse was the ability to have witnesses interviewed. But, as stated above, the appellant did not provide identifying information on his requested witnesses even though the appellant has sufficient time to acquire the information.

A review of the RVR and attachments indicate that there was a preponderance of evidence to determine a finding of guilt and no due process or procedural errors occurred other than time constraints were not met. However, not meeting the time constraints placed no jeopardy on the appellant because there was no credit forfeiture.

In conclusion, this RVR was adjudicated within the parameters of the California Code of Regulations, Title 15.

**DECISION:** The appeal is DENIED.

The appellant is advised that this issue may be submitted for a Director's Level of Review if desired.



G. NEOTTI  
Chief Deputy Warden (A)  
Salinas Valley State Prison

(1)

STATE OF CALIFORNIA  
ADMINISTRATIVE SEGREGATION UNIT PLACEMENT NOTICE  
CDC 114-D (Rev 10/98)

DEPARTMENT OF CORRECTIONS

Salinas Valley State Prison

Facility 10

DISTRIBUTION:	CANARY - WARDEN
WHITE - CENTRAL FILE	PINK - HEALTH CARE MGR
BLUE - INMATE (2ND COPY)	GOLDENROD - INMATE (1ST COPY)
GREEN - ASU	

INMATE'S NAME  
HarveyCDC NUMBER  
B-23100

## REASON(S) FOR PLACEMENT (PART A)

- ☒ PRESENTS AN IMMEDIATE THREAT TO THE SAFETY OF SELF OR OTHERS  
☐ JEOPARDIZES INTEGRITY OF AN INVESTIGATION OF ALLEGED SERIOUS MISCONDUCT OR CRIMINAL ACTIVITY  
☒ ENDANGERS INSTITUTION SECURITY ☐ UPON RELEASE FROM SEGREGATION, NO BED AVAILABLE IN GENERAL POPULATION

## DESCRIPTION OF CIRCUMSTANCES WHICH SUPPORT THE REASON(S) FOR PLACEMENT:

100, Inmate Harvey, B-23100, are being placed in Administrative Segregation for possession of a weapon and narcotics. On 06-14-05, I.S.U. conducted a cell search in B-105 and discovered a deadly weapon and narcotics. As a result, you are deemed a threat to the safety and security of this institution, its staff and inmates. You will be placed in Ad-Seg pending review for appropriate housing needs. As a result of this placement, your credit earning, custody, and visiting status are subject to change. Inmate Harvey is not a participant in the Mental Health Services Delivery System at any level of care. Placement ordered by Lieutenant G. Jordan.

☐ CONTINUED ON ATTACHED PAGE (CHECK IF ADDITIONAL) ☐ IF CONFIDENTIAL INFORMATION USED, DATE OF DISCLOSURE: / /

DATE OF ASU PLACEMENT 6/14/05	SEGREGATION AUTHORITY'S PRINTED NAME G. Jordan	SIGNATURE <i>G. Jordan</i>	TITLE Lieutenant
DATE NOTICE SERVED 6/14/05	TIME SERVED	PRINTED NAME OF STAFF SERVING ASU PLACEMENT NOTICE	SIGNATURE <i>[Signature]</i>
INMATE REFUSED TO SIGN		INMATE SIGNATURE	CDC NUMBER

## ADMINISTRATIVE REVIEW (PART B)

The following to be completed during the initial administrative review by Captain or higher by the first working day following placement

## STAFF ASSISTANT (SA)

## INVESTIGATIVE EMPLOYEE (IE)

STAFF ASSISTANT'S NAME	TITLE	INVESTIGATIVE EMPLOYEE'S NAME	TITLE
------------------------	-------	-------------------------------	-------

## IS THIS INMATE:

LITERATE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	EVIDENCE COLLECTION BY IE UNNECESSARY	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLUENT IN ENGLISH?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DECLINED ANY INVESTIGATIVE EMPLOYEE	<input type="checkbox"/> YES <input type="checkbox"/> NO
ABLE TO COMPREHEND ISSUES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ASU PLACEMENT IS FOR DISCIPLINARY REASONS	<input type="checkbox"/> YES <input type="checkbox"/> NO
FREE OF MENTAL HEALTH SERVICES DELIVERY SYSTEM NEEDS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DECLINED 1ST INVESTIGATIVE EMPLOYEE ASSIGNED	<input type="checkbox"/> YES
DECLINING FIRST STAFF ASSISTANT ASSIGNED?	<input type="checkbox"/> YES		

Any "NO" requires SA assignment

Any "NO" may require IE assignment

☐ NOT ASSIGNED☐ NOT ASSIGNED

## INMATE WAIVERS

☐ INMATE WAIVES OR DECLINES INTERVIEW WITH ADMINISTRATIVE REVIEWER ☐ INMATE WAIVES RIGHT TO 72 HOURS PREPARATION TIME  
☐ NO WITNESSES REQUESTED BY INMATE

INMATE SIGNATURE

DATE

## WITNESSES REQUESTED FOR HEARING

WITNESS NAME	TITLE/CDC NUMBER	WITNESS NAME	TITLE/CDC NUMBER
WITNESS NAME	TITLE/CDC NUMBER	WITNESS NAME	TITLE/CDC NUMBER

DECISION: ☐ RELEASE TO UNIT/FACILITY ☐ RETAIN PENDING ICC REVIEW ☐ DOUBLE CELL ☐ SINGLE CELL PENDING ICC

REASON FOR DECISION:

ADMINISTRATIVE REVIEWER'S PRINTED NAME	TITLE	DATE OF REVIEW	TIME	ADMINISTRATIVE REVIEWER'S SIGNATURE
CORRECTIONAL ADMINISTRATOR'S PRINTED NAME (if necessary)	CORRECTIONAL ADMINISTRATOR'S CO-SIGNATURE (if necessary)		DATE OF REVIEW	

See Chronological Classification Review document (CDC 128-C) for specific hearing information

(19)



STATE OF CALIFORNIA  
ADMINISTRATIVE SEGREGATION UNIT PLACEMENT NOTICE  
CDC 114-D (Rev 10/98)

DISTRIBUTION: WHITE - CENTRAL FILE BLUE - INMATE (2ND COPY) GREEN - ASU	CANARY - WARDEN PINK - HEALTH CARE MGR GOLDENROD - INMATE (1ST COPY)
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Salinas Valley State Prison

Facility 'C'

INMATE'S NAME  
HarveyCDC NUMBER  
H-28106

## REASON(S) FOR PLACEMENT (PART A)

- ☒ PRESENTS AN IMMEDIATE THREAT TO THE SAFETY OF SELF OR OTHERS  
☐ JEOPARDIZES INTEGRITY OF AN INVESTIGATION OF ALLEGED SERIOUS MISCONDUCT OR CRIMINAL ACTIVITY  
☒ ENDANGERS INSTITUTION SECURITY ☐ UPON RELEASE FROM SEGREGATION, NO BED AVAILABLE IN GENERAL POPULATION

DESCRIPTION OF CIRCUMSTANCES WHICH SUPPORT THE REASON(S) FOR PLACEMENT:

You, Inmate Harvey, H-28106, are being placed in Administrative Segregation for possession of a weapon and narcotics. On 06-14-05, I.S.U. conducted a cell search in C6-103 and discovered a deadly weapon and narcotics. As a result, you are deemed a threat to the safety and security of this institution, its' staff and inmates. You will be placed in Ad-Seg pending review for appropriate housing needs. As a result of this placement, your credit earning, custody, and visiting status are subject to change. Inmate Harvey is not a participant in the Mental Health Services Delivery System at any level of care. Placement ordered by Lieutenant G. Jordan.

☐ CONTINUED ON ATTACHED PAGE (CHECK IF ADDITIONAL) ☐ IF CONFIDENTIAL INFORMATION USED, DATE OF DISCLOSURE: / /

DATE OF ASU PLACEMENT 6/14/05	SEGREGATION AUTHORITY'S PRINTED NAME G. Jordan	SIGNATURE <i>G. Jordan</i>	TITLE Lieutenant
DATE NOTICE SERVED 6/14/05	TIME SERVED 1023	PRINTED NAME OF STAFF SERVING ASU PLACEMENT NOTICE M. Santillan	SIGNATURE <i>M. Santillan</i>
INMATE REFUSED TO SIGN		INMATE SIGNATURE <i>Phillip Harvey</i>	CDC NUMBER H-28106

## ADMINISTRATIVE REVIEW (PART B)

The following to be completed during the initial administrative review by Captain or higher by the first working day following placement

## STAFF ASSISTANT (SA)

## INVESTIGATIVE EMPLOYEE (IE)

STAFF ASSISTANT'S NAME	TITLE	INVESTIGATIVE EMPLOYEE'S NAME	TITLE
IS THIS INMATE:			
LITERATE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	EVIDENCE COLLECTION BY IE UNNECESSARY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
FLUENT IN ENGLISH?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DECLINED ANY INVESTIGATIVE EMPLOYEE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ABLE TO COMPREHEND ISSUES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ASU PLACEMENT IS FOR DISCIPLINARY REASONS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
FREE OF MENTAL HEALTH SERVICES DELIVERY SYSTEM NEEDS?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DECLINED 1ST INVESTIGATIVE EMPLOYEE ASSIGNED	<input checked="" type="checkbox"/> YES
DECLINING FIRST STAFF ASSISTANT ASSIGNED?	<input type="checkbox"/> YES		
<input checked="" type="checkbox"/> NOT ASSIGNED Any "NO" requires SA assignment		<input checked="" type="checkbox"/> NOT ASSIGNED Any "NO" may require IE assignment	

## INMATE WAIVERS

☐ INMATE WAIVES OR DECLINES INTERVIEW WITH ADMINISTRATIVE REVIEWER ☐ INMATE WAIVES RIGHT TO 72 HOURS PREPARATION TIME  
☐ NO WITNESSES REQUESTED BY INMATE INMATE SIGNATURE *X REFUSION* DATE 6/15/05

## WITNESSES REQUESTED FOR HEARING

WITNESS NAME <i>N/A</i>	TITLE/CDC NUMBER	WITNESS NAME	TITLE/CDC NUMBER
WITNESS NAME	TITLE/CDC NUMBER	WITNESS NAME	TITLE/CDC NUMBER

DECISION: ☐ RELEASE TO UNIT/FACILITY ☒ RETAIN PENDING ICC REVIEW ☐ DOUBLE CELL ☐ SINGLE CELL PENDING ICC

REASON FOR DECISION:

~~THREAT TO SELF OR OTHERS~~

ADMINISTRATIVE REVIEWER'S PRINTED NAME <i>P. N. D. J.</i>	TITLE <i>APT</i>	DATE OF REVIEW TIME 6/15/05 1651	ADMINISTRATIVE REVIEWER'S SIGNATURE <i>[Signature]</i>
CORRECTIONAL ADMINISTRATOR'S PRINTED NAME (if necessary)	CORRECTIONAL ADMINISTRATOR'S CO-SIGNATURE (if necessary)	DATE OF REVIEW	

See Chronological Classification Review document (CDC 128-G) for specific hearing information

(20)

State of California

Department of Corrections  
CDC 128-G (3)

No. H-28106

NAME: HARVEY, Q

**Comment: DEFERRED.****90 day ASU extension from this date approved to complete casework as described herein.**

During the IE fact finding, it became apparent that Lt. G. Jordan initiated the searches as a direct result of information received. If this information was confidential then the inmate has a right to a form 1030 (disclosure). If this was anonymous information, what made it credible, that it resulted in a simultaneous search of five cells, and needs to be disclosed to the inmates.

**Please refer case to the CDO. CSR recommends that the CDC 115 be reissued/reheard. Return to CSR no later than 4/4/2006 with status update.**

  
D Oftedal, CSR

Date: 1/4/2006

Classification - CSR ACTION

SVSP

(21)



STATE OF CALIFORNIA  
CDC 1030 (12/86)

DEPARTMENT OF CORRECTIONS

## CONFIDENTIAL INFORMATION DISCLOSURE FORM

INMATE NUMBER: H-28106 INMATE NAME: HARVEY

## 1) Use of Confidential Information.

Information received from a confidential source(s) has been considered in the:

a) CDC-115, Disciplinary Report dated 5/14/05 submitted byA. Diaz, Correctional Officer

STAFF NAME, TITLE

b) CDC-114-D, Order and Hearing for Placement in Segregated Housing dated \_\_\_\_\_

## 2) Reliability of Source.

The identity of the source(s) cannot be disclosed without endangering the source(s) or the security of the institution.

This information is considered reliable because:

- a) ☐ This source has previously provided confidential information which has proven to be true.
- b) ☐ This source participated in and successfully completed a Polygraph examination.
- c) ☐ More than one source independently provided the same information.
- d) ☐ This source incriminated himself/herself in a criminal activity at the time of providing the information.
- e) ☐ Part of the information provided by the source(s) has already proven to be true.
- f) ☒ Other (EXPLAIN) ANONYMOUS NOTE

## 3) Disclosure of information received.

The information received indicated the following: ANONYMOUS NOTE RECEIVED THROUGH  
INSTITUTIONAL MAIL ON 6/13/05, STATING THAT A SEARCH OF SEVERAL CELLS ON  
FACILITY "C" WOULD PRODUCE WEAPONS AND DRUGS.

(If additional space needed, attach another sheet.)

4) Type and current location of documentation, (for example: CDC-128-B of 5-15-86 in the confidential material folder). ANONYMOUS NOTE

STAFF SIGNATURE, TITLE

DATE DISCLOSED

DISTRIBUTION: WHITE — Central File; YELLOW — Inmate; PINK — Institution Use

STATE OF CALIFORNIA

## CRIME / INCIDENT REPORT

## PART A - COVER SHEET

CDC 837-A (Rev. 09/03)

PAGE 1 OF 4

INCIDENT LOG NUMBER

SVSP-CEN-05-06-0365

INCIDENT DATE

06/14/05

INCIDENT TIME

05:13

INSTITUTION SVSP	FACILITY C	FACILITY LEVEL <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input checked="" type="checkbox"/> IV	INCIDENT SITE H.U.68*	LOCATION C6-102,103,113 C8-211	<input type="checkbox"/> ASU <input type="checkbox"/> SHU <input type="checkbox"/> PSU <input type="checkbox"/> PHU <input type="checkbox"/> SNY <input checked="" type="checkbox"/> GP <input type="checkbox"/> CTC <input type="checkbox"/> RC SEG. YARD: <input type="checkbox"/> CC <input type="checkbox"/> WA <input type="checkbox"/> RM	USE OF FORCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
---------------------	---------------	---	--------------------------	--------------------------------------	---	---

## SPECIFIC CRIME / INCIDENT

Poss. of Weapon/Dist. Cont. Sub. within an Inst./Resisting Staff W/Force

☒ CCR ☐ PC ☐ N/A

NUMBER/SUBSECTION: 3005 (b), 3006 (a), 3016 (c)

D. A. REFERRAL ELIGIBLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SERT ACTIVATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NMT ACTIVATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MUTUAL AID REQUEST <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PIO/AA NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
--	---	--	---	--

## RELATED INFORMATION (CHECK ALL THAT APPLY)

DEATH	CAUSE OF DEATH	ASSAULT / BATTERY	TYPE OF ASSAULT / BATTERY
<input type="checkbox"/> INMATE <input type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> ACCIDENTAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> EXECUTION <input type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> OVERDOSE <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> ON INMATE <input type="checkbox"/> ON STAFF <input type="checkbox"/> ON VISITOR <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> BEATING <input type="checkbox"/> SPEARING <input type="checkbox"/> GASSING <input type="checkbox"/> STABBING <input type="checkbox"/> POISONING <input type="checkbox"/> STRANGLING <input type="checkbox"/> SEXUAL <input type="checkbox"/> OTHER: <input type="checkbox"/> SHOOTING <input type="checkbox"/> SLASHING <input checked="" type="checkbox"/> N/A

SERIOUS INJURY	INMATE WEAPONS	SHOTS FIRED / TYPE WEAPON / FORCE
<input type="checkbox"/> INMATE <input type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> CHEMICAL SUBSTANCE <input type="checkbox"/> CLUB / BLUDGEON <input type="checkbox"/> EXPLOSIVE <input type="checkbox"/> FIREARM <input type="checkbox"/> HANDS / FEET <input type="checkbox"/> KNIFE <input type="checkbox"/> SAP/SLUNG SHOT <input type="checkbox"/> PROJECTILE <input type="checkbox"/> SPEAR <input type="checkbox"/> SLASHING INSTRUMENT <input type="checkbox"/> STABBING INSTRUMENT <input type="checkbox"/> OTHER: <input type="checkbox"/> BODILY FLUID <input type="checkbox"/> OTHER FLUID: <input type="checkbox"/> UNKNOWN LIQUID <input type="checkbox"/> N/A	<input type="checkbox"/> WEAPON: <input type="checkbox"/> WARNING # <input type="checkbox"/> EFFECT # <input type="checkbox"/> TYPE: NO: <input type="checkbox"/> MINI 14 <input type="checkbox"/> BATON ROUND: <input type="checkbox"/> 38 CAL. <input type="checkbox"/> WOOD <input type="checkbox"/> 9MM <input type="checkbox"/> RUBBER <input type="checkbox"/> SHOTGUN <input type="checkbox"/> FOAM <input type="checkbox"/> LAUNCHER: <input type="checkbox"/> STINGER: <input type="checkbox"/> 37MM <input type="checkbox"/> .32 (A) <input type="checkbox"/> L8 <input type="checkbox"/> .60 (B) <input type="checkbox"/> 40MM <input type="checkbox"/> EXACT IMPACT <input type="checkbox"/> 40MM MULTI <input type="checkbox"/> CTS 4557 <input type="checkbox"/> HFWRS <input type="checkbox"/> XM 1006 <input type="checkbox"/> FORCE: <input type="checkbox"/> CHEMICAL: <input type="checkbox"/> SIDE-HANDLE BATON <input checked="" type="checkbox"/> OC <input type="checkbox"/> PHYSICAL FORCE <input type="checkbox"/> CN MK 9 <input type="checkbox"/> X10 <input type="checkbox"/> CS <input type="checkbox"/> OTHER: <input type="checkbox"/> N/A

CONTROLLED SUBSTANCE / WEIGHT	PROGRAM STATUS	EXCEPTIONAL ACTIVITY
<input type="checkbox"/> POSITIVE UA <input type="checkbox"/> WITH PACKAGING <input type="checkbox"/> PRELIMINARY <input type="checkbox"/> LAB <input type="checkbox"/> AMPHETAMINE <input type="checkbox"/> BARBITURATES <input type="checkbox"/> COCAINE <input type="checkbox"/> CODEINE <input checked="" type="checkbox"/> HEROIN .37 grams <input type="checkbox"/> MARIJUANA/THC <input type="checkbox"/> METHAMPHETAMINE <input type="checkbox"/> MORPHINE <input type="checkbox"/> OTHER: <input type="checkbox"/> N/A	<input type="checkbox"/> MODIFIED PROGRAM <input type="checkbox"/> LOCKDOWN <input type="checkbox"/> STATE OF EMERGENCY  IF YES, LIST AFFECTED PROGRAMS:  <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> EMPLOYEE JOB ACTION <input type="checkbox"/> ENVIRONMENTAL HAZARD <input type="checkbox"/> EXPLOSION <input type="checkbox"/> FIRE <input type="checkbox"/> GANG/DISRUPTIVE GROUP <input type="checkbox"/> HOSTAGE <input type="checkbox"/> INMATE STRIKE <input type="checkbox"/> MAJOR DISTURBANCE <input type="checkbox"/> MAJOR POWER OUTAGE <input type="checkbox"/> NATURAL DISASTER <input type="checkbox"/> PUBLIC DEMONSTRATION <input type="checkbox"/> SPECIAL INTEREST I/M <input type="checkbox"/> WEATHER <input type="checkbox"/> SEARCH WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> OTHER:  EXTRACTION: <input type="checkbox"/> CONTROLLED <input type="checkbox"/> IMMEDIATE <input checked="" type="checkbox"/> N/A

## BRIEF DESCRIPTION OF INCIDENT (ONE OR TWO SENTENCES):

On June 14, 2005 at approximately 0513 hours the Investigative Service Unit (ISU) conducted a series of cell searches on Facility C, Housing Unit (H. U.) 6, cell's 102, 103, 113 and H. U. 8, cell 211. During the search multiple Inmate Manufactured weapons were discovered and .37 grams of suspected narcotics (Heroin).

## COMPLETE SYNOPSIS / SUMMARY ON PART A1

NAME OF REPORTING STAFF (PRINT/TITLE) J. L. Martinez	TITLE Lieutenant	ID # [REDACTED]	BADGE # [REDACTED]
SIGNATURE OF REPORTING STAFF [Signature]	PHONE EXT. (INCIDENT SITE) [REDACTED]	DATE 06/14/05	
NAME OF WARDEN / AGO (PRINT/SIGN) J. Travers	TITLE Correctional Administrator	DATE 6/15/05	

(23)

STATE OF CALIFORNIA

## CRIME / INCIDENT REPORT

## PART A1 - SUPPLEMENT

CDC 837-A1, (09/03)

DEPARTMENT OF CORRECTIONS

INSTITUTION SVSP		FACILITY C	DATE OF INCIDENT 06/14/05	TIME OF INCIDENT 05:13
PAGE 2 OF 4				
INCIDENT LOG NUMBER SVSP-CEN-05-06-0365				
TYPE OF INFORMATION: <input checked="" type="checkbox"/> SYNOPSIS/SUMMARY OF INCIDENT <input type="checkbox"/> SUPPLEMENTAL INFORMATION <input type="checkbox"/> AMENDED INFORMATION <input type="checkbox"/> CLOSURE REPORT				

## NARRATIVE:

On June 14, 2005 at approximately 0513 hour IGI Lieutenant R. L. Martinez, Sergeant S. Hatton, D. Fragoso S & I #3, R. Salao S & I # 5, M. Valdez S & I # 1, A. Diaz S & I #8, E. Parson S & I # 10, E. Perez S & I # 7, J. Jackson S & I # 6, B. Gibbs S & I # 4 and B. De La Santos S & I # 11 conducted cell searches on Facility C, H. U. 6 cells 102, 103, 113 and H. U. 8; cell 211 simultaneously.

As the ISU Team approached cell 102 occupied by Inmates Woods, D-30424, C6-102L and Frye, T-05458, C6-102U and cell 103 occupied by Inmates Knight, C-67508, C6-103L and Harvey, H-28106, C6-103U, H. U. 6 Control Booth Officer L. Millare was instructed to simultaneously open both cells. All inmates complied to staff orders and were removed from their cell without incident and placed into B-Section Showers. The ISU Team proceeded to cell 113.

Upon arrival to cell 113 occupied by Inmates Williams, D-05864, C6-113L and Brown, J-75188, C6-113U, Officer Gibbs requested Millare to open the cell. Gibbs observed Inmate Williams standing in the center of the cell and Inmate Brown laying on the upper bunk. Gibbs gave Williams several orders to prone out with negative results. Officer Fragoso gave several orders to Inmate Brown to remain on the upper bunk, with negative results. Fragoso observed Brown turn to the left in a quick motion and reach for an unknown object. Simultaneously Williams was observed by Gibbs, Perez and Jackson reaching for an unknown object from the lower bunk and running to the toilet; tossing the unknown object in the toilet and flushing it. Officer's Fragoso, Gibbs, Jackson and Perez concurrently utilized their O. C. Pepper Spray in attempt to preserve evidence and to gain compliance. Inmate Williams and Brown were Peppered Sprayed in their upper torso and facial area, with negative results. Sergeant Hatton reached into the cell and grabbed Williams by the left shoulder and pulled him out of the cell. Officer Jackson grabbed Williams by both shoulder and forced him to the ground. At this time Gibbs placed Williams in handcuffs and escorted him to the lower B-Section shower for decontamination. Inmate Brown was ordered by Fragoso to submit to being placed in handcuff, which Brown complied. Fragoso escorted Brown to the upper tier B-Section shower for decontamination. The ISU Team proceeded to H. U. 8, cell 211.

As the ISU Team approached cell 211 occupied by Inmates Reese, J-02950, C8-211L and Hunter, J-06098, C8-211U, H. U. 8 Control Booth Officer was instructed to open the cell. Both inmates complied to staff orders and were removed from their cell without incident and placed into B-Section Showers. While inmate Reese was being searched Officer Valdez observed Reese with an object in his mouth. Valdez ordered Reese to remove the object, which he complied. The object was discovered to be a wooden pipe utilized to smoke Marijuana. All inmates were escorted to the Facility C Medical Annex and had an medical valuation (7219). The cell was subsequently searched by Officer Valdez and Perez, with negative results.

A subsequent cell search was conducted in cell H. U. 6, cell 102 by Officer's B. Gibbs and De La Santos. Officer Gibbs discovered a black tar substance secreted in a plastic baggy located on the top of the lower right side shelf. Furthermore Gibbs discovered Inmate Manufactured Alcohol in a five gallon bucket under the desk in the cell. Gibbs photographed and processed the evidence. Gibbs performed The Department of Justice Presumptive Drug Test on the black tar substance, which proved positive for Heroin and weighed .06 grams.

An Additional cell search was conducted in cell H. U. 6, cell 103 by Officer's A. Diaz and T. Parsons. Officer Diaz discovered a Inmate Manufactured weapon on the upper bunk under the mattress. The weapon was constructed metal and measured approximately five inches in length and half inch in width and sharpened to a point. Furthermore Diaz discovered an additional Inmate Manufactured Weapon on the right corner lower bunk. The weapon was constructed of folded metal and measured three and a quarter inches in length and three quarter inches in width and sharpened to a point. Furthermore Diaz discovered suspected Heroin wrapped in two separate bindles secreted in a rubber glove that was in a hat on the lower bunk.

[ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL A1

NAME OF REPORTING STAFF (PRINT/TYPE) R. L. Martinez	TITLE Lieutenant	ID # [REDACTED]	BADGE # [REDACTED]
SIGNATURE OF REPORTING STAFF [Signature]		PHONE EXT. (INCIDENT SITE) [REDACTED]	DATE 06/14/05
NAME OF WARDEN / AOD (PRINT/SIGN) Travers [Signature]		TITLE AWCS	DATE 6/15/05



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## CRIME / INCIDENT REPORT

## PART A1 - SUPPLEMENT

CDC 837-A1 (09/03)

PAGE 3 OF 4

INCIDENT LOG NUMBER

SVSP-CEN-05-06-0365

INSTITUTION SVSP	FACILITY C	DATE OF INCIDENT 06/14/05	TIME OF INCIDENT 05:13
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## TYPE OF INFORMATION:

☒ SYNOPSIS/SUMMARY OF INCIDENT
 ☐ SUPPLEMENTAL INFORMATION
 ☐ AMENDED INFORMATION
 ☐ CLOSURE REPORT

## NARRATIVE:

Diaz photographed and processed the evidence. Diaz performed The Department of Justice Presumptive Drug Test on the black tar substance, which proved positive for Heroin and weighed .17 grams and .14 grams.

Officer Fragoso and Salao were assigned to search cell 113. During the course of the cell search Fragoso discovered two razor blades approximately one and a half inches in length secreted in a nail clippers which was located on the desk area of the cell. Furthermore Fragoso discovered an Inmate Manufactured Weapon hidden in a television which was located on the top shelf. The weapon was constructed from round metal stock (tube) and measured six and a half inches in length and a quarter inch in width and sharpened to a point at one end. Fragoso photographed the evidence and processed the weapon into evidence. All Inmates were re-housed without further incident.

SUSPECTS: Woods, D-30428, Frye, T-05458, Knight, C-67508, Harvey, H-28106, Williams, D-05864, Brown, J-75188, Reese J-02950, Hunter, J-06098

VICTIM: N/A

ESCORTS: R. Salao, M. Valdez, E. Perez, B. Gibbs, J. Jackson, D. Fragoso, E. Parsons, A. Diaz,

USE OF FORCE: O. C. Pepper Spray (MK9), Physical Force by Officer Jackson

CRIME SCENE/EVIDENCE: Multiple Digital photographs, Inmate Manufactured Weapons, and the controlled substance were placed in the Investigative Service Unit Evidence Lockers: June 2005 Film Locker, 06A, and 51 respectfully.

MEDICAL/MENTAL HEALTH: Woods: Clear, FRYE: Clear, Knight: CCCMS, Harvey: Clear, Williams: Clear, Brown: Clear, Reese: Clear, Hunter: Clear

EVALUATIONS/TREATMENT: LVN, N. Santos Conducted a medical examination/evaluations (7219) on Inmate Woods, noting no injuries. MTA, E. Pulido performed an CDC 7219 on Frye, noting no injuries. LVN, N. Santos Conducted a 7219 on inmate Knight noting no injuries. RN, N. Moore Conducted a 7219 on Inmate Harvey noting no injuries. MTA, E. Pulido performed an CDC 7219 on Williams, noting OC Exposure. MTA, E. Pulido performed an CDC 7219 on Brown, noting OC Exposure. MTA, E. Pulido performed an CDC 7219 on Reese, noting no injuries. MTA, E. Pulido performed an CDC 7219 on Hunter, noting no injuries.

CONCLUSION: There was no damage to state property, nor were there any staff injuries. Inmate Woods will be issued a Rules Violation report (CDC 115) for the violation of California Code Of Regulations 3016(c), specifically, Distribution of a Controlled Substance within an institution. Inmate Frye will be issued a CDC 115 for the violation of California Code Of Regulations 3016(c), specifically, Distribution of a Controlled Substance within an institution. Inmate Knight will be issued a CDC 115 for the violation of California Code Of Regulations 3006(a), specifically, Possession of Inmate Manufactured Weapon. Inmate Harvey will be issued a CDC 115 for the violation of California Code Of Regulations 3006(a), specifically, Possession of Inmate Manufactured Weapon. Inmate Williams will be issued a CDC 115 for the violation of California Code Of Regulations 3006(a), specifically, Possession of Inmate Manufactured Weapon. Inmate Brown will be issued a CDC 115 for the violation of California Code Of Regulations 3006(a), specifically, Possession of Inmate Manufactured Weapon. Inmate Reese will be issued a CDC 115 for the violation of California Code Of Regulations 3016 (b), specifically, Possession of Drug paraphernalia.

[ ] CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL A1

NAME OF REPORTING STAFF (PRINT/TYPE) J. L. MARTINEZ	TITLE LIEUTENANT	ID # [REDACTED]	BADGE # [REDACTED]
SIGNATURE OF REPORTING STAFF [Signature]	PHONE EXT. (INCIDENT SITE) [REDACTED]	DATE 06/14/05	
NAME OF WARDEN / AOD (PRINT/SIGN) J. Travers	TITLE Correctional Administrator	DATE 6/15/05	

(25)

(8)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## CRIME / INCIDENT REPORT

## PART A1 - SUPPLEMENT

CDC 837-A1 (09/03)

PAGE 4 OF 4

INCIDENT LOG NUMBER

SVSP-CEN-05-06-0365

INSTITUTION SVSP	FACILITY C	DATE OF INCIDENT 06/14/05	TIME OF INCIDENT 05:13
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## TYPE OF INFORMATION:

☒ SYNOPSIS/SUMMARY OF INCIDENT
 ☐ SUPPLEMENTAL INFORMATION
 ☐ AMENDED INFORMATION
 ☐ CLOSURE REPORT

## NARRATIVE:

NOTIFICATIONS: This incident will be referred to the Monterey County District Attorney's officer for possible felony prosecution. All appropriate Administrative Staff were notified of this incident. You will be apprised of any further developments in this matter via supplemental reports.

CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL A1

NAME OF REPORTING STAFF (PRINT/TYPE) L. Martinez	TITLE Lieutenant	ID # 286868	BADGE # [REDACTED]
SIGNATURE OF REPORTING STAFF <i>A.D. [Signature]</i>	PHONE EXT. (INCIDENT SITE) [REDACTED]	DATE 06/14/05	
NAME OF WARDEN / AOD (PRINT/SIGN) Travers	TITLE AWCS	DATE 6/15/05	

(26)



(9)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## CRIME / INCIDENT REPORT

PART B1 - INMATE

DC 837-B1 (09/03)

PAGE 1 OF 2

INSTITUTION SVSP	FACILITY C	INCIDENT LOG NUMBER SVP-CEN-05-06-0365
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## INMATE (ENTIRE SHEET)

NAME: LAST WOODS	FIRST BARRY	MI	CDC # D30424	SEX M	ETHNICITY BLA	FBI # [REDACTED]	CII # [REDACTED]
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CHECK ONE <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE 367	PV RTC <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC 01 / 08 / 91	DATE REC'D BY INST [REDACTED]	ANTICIPATED RELEASE DATE [REDACTED]	EXTRACTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DOB 02 / 28 / 65	HOUSING ASSIGN. C6 102
COMMITMENT OFFENSE [REDACTED]						COUNTY OF COMMITMENT SACRAMENTO		

DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A	PRISON GANG / DISRUPTIVE GROUP [REDACTED] <input type="checkbox"/> VALIDATED <input checked="" type="checkbox"/> ASSOCIATED <input type="checkbox"/> N/A
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<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input checked="" type="checkbox"/> N/A	NAME/LOCATION OF HOSP/TREAT. FACILITY <input checked="" type="checkbox"/> N/A
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NAME: LAST RYE	FIRST KARLOS	MI	CDC # T 05458	SEX M	ETHNICITY BLA	FBI # 799616XA1	CII # A09558153
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CHECK ONE <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE 85	PV RTC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE REC'D BY CDC 01 / 30 / 01	DATE REC'D BY INST [REDACTED]	ANTICIPATED RELEASE DATE [REDACTED]	EXTRACTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DOB 05 / 22 / 76	HOUSING ASSIGN. C6 102
COMMITMENT OFFENSE [REDACTED]						COUNTY OF COMMITMENT SACRAMENTO		

DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A	PRISON GANG / DISRUPTIVE GROUP [REDACTED] <input type="checkbox"/> VALIDATED <input checked="" type="checkbox"/> ASSOCIATED <input type="checkbox"/> N/A
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<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input checked="" type="checkbox"/> N/A	NAME/LOCATION OF HOSP/TREAT. FACILITY <input checked="" type="checkbox"/> N/A
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NAME: LAST NIGHT	FIRST CLARENCE	MI	CDC # C 07508	SEX M	ETHNICITY BLA	FBI # [REDACTED]	CII # [REDACTED]
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CHECK ONE <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE 211	PV RTC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE REC'D BY CDC 8 / 8 / 79	DATE REC'D BY INST [REDACTED]	ANTICIPATED RELEASE DATE [REDACTED]	EXTRACTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DOB 04 / 16 / 60	HOUSING ASSIGN. C6 103
COMMITMENT OFFENSE [REDACTED]						COUNTY OF COMMITMENT [REDACTED]		

DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A	PRISON GANG / DISRUPTIVE GROUP [REDACTED] <input type="checkbox"/> VALIDATED <input type="checkbox"/> ASSOCIATED <input checked="" type="checkbox"/> N/A
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<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input checked="" type="checkbox"/> N/A	NAME/LOCATION OF HOSP/TREAT. FACILITY <input checked="" type="checkbox"/> N/A
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NAME: LAST ARVEY	FIRST QUILLIE	MI	CDC # H 28106	SEX M	ETHNICITY BLA	FBI # 944715CB2	CII # A09763681
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CHECK ONE <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE 130	PV RTC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE REC'D BY CDC 4 / / / 92	DATE REC'D BY INST [REDACTED]	ANTICIPATED RELEASE DATE [REDACTED]	EXTRACTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DOB 9 / 18 / 73	HOUSING ASSIGN. [REDACTED]
COMMITMENT OFFENSE [REDACTED]						COUNTY OF COMMITMENT [REDACTED]		

DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A	PRISON GANG / DISRUPTIVE GROUP [REDACTED] <input type="checkbox"/> VALIDATED <input checked="" type="checkbox"/> ASSOCIATED <input type="checkbox"/> N/A
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<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input type="checkbox"/> N/A	NAME/LOCATION OF HOSP/TREAT. FACILITY <input checked="" type="checkbox"/> N/A
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(27)

(10)

STATE OF CALIFORNIA  
CRIME / INCIDENT REPORT  
PART B1 - INMATE  
CDC 837-B1 (09/03)

DEPARTMENT OF CORRECTIONS

PAGE 2 OF 2

INSTITUTION Salinas Valley State Prison	FACILITY C	INCIDENT LOG NUMBER SVP-CEN-05-06-0365
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## INMATE (ENTIRE SHEET)

NAME: LAST WILLIAMS	FIRST Henry	MI L.	CDC # D05864	SEX M	ETHNICITY BLK	FBI # [REDACTED]	CII # [REDACTED]	
CHECK ONE <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE 57	PV RTC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE REC'D BY CDC 05 / 08 / 85	DATE REC'D BY INST [REDACTED]	ANTICIPATED RELEASE DATE [REDACTED]	EXTRACTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DOB 08 / 03 / 64	HOUSING ASSIGN. C6-113
<input type="checkbox"/> CCCMS <input type="checkbox"/> EOP <input type="checkbox"/> DPP <input type="checkbox"/> DMH <input type="checkbox"/> MHCBS <input type="checkbox"/> DDP <input checked="" type="checkbox"/> N/A						COMMITMENT OFFENSE [REDACTED]		COUNTY OF COMMITMENT [REDACTED]

DESCRIPTION OF INJURIES:

NONE

PRISON GANG / DISRUPTIVE GROUP

☐ N/A☐ VALIDATED ☐ ASSOCIATED ☒ N/A☐ HOSPITALIZED ☐ TREATED & RELEASED ☐ REFUSED TREATMENT  
☐ DECEASED DATE: ☒ N/ANAME/LOCATION OF HOSP/TREAT. FACILITY  
☒ N/A

NAME: LAST BROWN	FIRST Ernest	MI D.	CDC # J75188	SEX M	ETHNICITY BLK	FBI # [REDACTED]	CII # [REDACTED]	
CHECK ONE <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE 57	PV RTC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE REC'D BY CDC 09 / 01 / 95	DATE REC'D BY INST [REDACTED]	ANTICIPATED RELEASE DATE [REDACTED]	EXTRACTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DOB 02 / 24 / 64	HOUSING ASSIGN. C6-113
<input type="checkbox"/> CCCMS <input type="checkbox"/> EOP <input type="checkbox"/> DPP <input type="checkbox"/> DMH <input type="checkbox"/> MHCBS <input type="checkbox"/> DDP <input checked="" type="checkbox"/> N/A						COMMITMENT OFFENSE [REDACTED]		COUNTY OF COMMITMENT [REDACTED]

DESCRIPTION OF INJURIES:

NONE

PRISON GANG / DISRUPTIVE GROUP

☐ N/A☐ VALIDATED ☐ ASSOCIATED ☒ N/A☐ HOSPITALIZED ☐ TREATED & RELEASED ☐ REFUSED TREATMENT  
☐ DECEASED DATE: ☒ N/ANAME/LOCATION OF HOSP/TREAT. FACILITY  
☒ N/A

NAME: LAST REESE	FIRST CALVIN	MI L.	CDC # D02950	SEX M	ETHNICITY BLK	FBI # [REDACTED]	CII # [REDACTED]	
CHECK ONE <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE 166	PV RTC <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC 04 / 18 / 95	DATE REC'D BY INST [REDACTED]	ANTICIPATED RELEASE DATE [REDACTED]	EXTRACTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DOB 10 / 31 / 68	HOUSING ASSIGN. C8-211
<input type="checkbox"/> CCCMS <input type="checkbox"/> EOP <input type="checkbox"/> DPP <input type="checkbox"/> DMH <input type="checkbox"/> MHCBS <input type="checkbox"/> DDP <input checked="" type="checkbox"/> N/A						COMMITMENT OFFENSE [REDACTED]		COUNTY OF COMMITMENT SACRAMENTO

DESCRIPTION OF INJURIES:

NONE

PRISON GANG / DISRUPTIVE GROUP

☐ N/A☐ VALIDATED ☐ ASSOCIATED ☒ N/A☐ HOSPITALIZED ☐ TREATED & RELEASED ☐ REFUSED TREATMENT  
☐ DECEASED DATE: ☒ N/ANAME/LOCATION OF HOSP/TREAT. FACILITY  
☒ N/A

NAME: LAST UNTER	FIRST LIONEL	MI A.	CDC # J06098	SEX M	ETHNICITY BLK	FBI # [REDACTED]	CII # [REDACTED]	
CHECK ONE <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE 89	PV RTC <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC 09 / 20 / 96	DATE REC'D BY INST [REDACTED]	ANTICIPATED RELEASE DATE [REDACTED]	EXTRACTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DOB 05 / 05 / 74	HOUSING ASSIGN. C8-211
<input type="checkbox"/> CCCMS <input type="checkbox"/> EOP <input type="checkbox"/> DPP <input type="checkbox"/> DMH <input type="checkbox"/> MHCBS <input type="checkbox"/> DDP <input checked="" type="checkbox"/> N/A						COMMITMENT OFFENSE [REDACTED]		COUNTY OF COMMITMENT KERN

DESCRIPTION OF INJURIES:

NONE

PRISON GANG / DISRUPTIVE GROUP

☐ N/A☐ VALIDATED ☐ ASSOCIATED ☐ N/A☐ HOSPITALIZED ☐ TREATED & RELEASED ☐ REFUSED TREATMENT  
☐ DECEASED DATE: ☒ N/ANAME/LOCATION OF HOSP/TREAT. FACILITY  
☒ N/A

(28)

(11)

DEPARTMENT OF CORRECTIONS

STATE OF CALIFORNIA  
CRIME / INCIDENT REPORT  
PART B2 - STAFF  
DC 837-B2 (09/03)

PAGE 1 OF 3

INSTITUTION SVSP	FACILITY C	INCIDENT LOG NUMBER SVP-CEN-05-06-0365
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## STAFF (ENTIRE SHEET)

NAME: LAST MARTINEZ	FIRST R	MI	TITLE LIEUTENANT	SEX M	ETHNICITY M	RDO'S S/S/H
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CHECK ONE <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE # 33903	ID # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION [REDACTED]
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A				

HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/>	NAME/LOCATION OF HOSP/TREAT. FACILITY	USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
REFUSED TREATMENT		TYPE:	
DECEASED DATE: <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

NAME: LAST ATTON	FIRST S	MI B	TITLE SERGEANT	SEX M	ETHNICITY W	RDO'S S/S/H
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CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE # 34943	ID # [REDACTED]	POST ASSIGN. # 250415	POSITION [REDACTED]
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A				

HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/>	NAME/LOCATION OF HOSP/TREAT. FACILITY	USED FORCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
REFUSED TREATMENT		TYPE: PHYS.	
DECEASED DATE: <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

NAME: LAST ALDEZ	FIRST M	MI	TITLE OFFICER	SEX M	ETHNICITY M	RDO'S S/S/H
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CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE # 54177	ID # [REDACTED]	POST ASSIGN. # 253100	POSITION [REDACTED]
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A				

HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/>	NAME/LOCATION OF HOSP/TREAT. FACILITY	USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROCESSED EVIDENCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
REFUSED TREATMENT		TYPE:	
DECEASED DATE: <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

NAME: LAST MAGOSO	FIRST D	MI	TITLE OFFICER	SEX M	ETHNICITY M	RDO'S S/S/H
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CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE # 37662	ID # [REDACTED]	POST ASSIGN. # 253102	POSITION [REDACTED]
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A				

HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/>	NAME/LOCATION OF HOSP/TREAT. FACILITY	USED FORCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PROCESSED EVIDENCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
REFUSED TREATMENT		TYPE: OC SPRAY	
DECEASED DATE: <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

NAME: LAST 3BS	FIRST B	MI	TITLE OFFICER	SEX M	ETHNICITY B	RDO'S S/S/H
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CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE # 52949	ID # [REDACTED]	POST ASSIGN. # 253103	POSITION [REDACTED]
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A				

HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/>	NAME/LOCATION OF HOSP/TREAT. FACILITY	USED FORCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PROCESSED EVIDENCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
REFUSED TREATMENT		TYPE: OC SPRAY	
DECEASED DATE: <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

(29)

(12)

STATE OF CALIFORNIA  
CRIME / INCIDENT REPORT  
PART B2- STAFF  
CDC 837-B2 (09/03)

DEPARTMENT OF CORRECTIONS

PAGE 2 OF 3

INSTITUTION SVSP	FACILITY C	INCIDENT LOG NUMBER SVP-CEN-05-06-0365
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## STAFF (ENTIRE SHEET)

NAME LAST SALAO	FIRST R	MI	TITLE OFFICER	SEX M	ETHNICITY O	RDO'S S/S/H
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CHECK ONE <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE # [REDACTED]	ID # [REDACTED]	POST ASSIGN. # 253104	POSITION SQUAD OFFICER # 5
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A				

HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/>	NAME/LOCATION OF HOSP/TREAT. FACILITY	USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
REFUSED TREATMENT <input type="checkbox"/>		TYPE:	
DECEASED DATE: <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

NAME LAST JACKSON	FIRST J	MI	TITLE OFFICER	SEX M	ETHNICITY W	RDO'S S/S/H
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CHECK ONE <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE # [REDACTED]	ID # 286930	POST ASSIGN. # 253105	POSITION SQUAD OFFICER # 6
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A				

HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/>	NAME/LOCATION OF HOSP/TREAT. FACILITY	USED FORCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
REFUSED TREATMENT <input type="checkbox"/>		TYPE: OC & PHYS.	
DECEASED DATE: <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

NAME LAST PEREZ	FIRST E	MI	TITLE OFFICER	SEX M	ETHNICITY M	RDO'S S/S/H
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CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE # [REDACTED]	ID # 2862341	POST ASSIGN. # 253106	POSITION SQUAD OFFICER # 7
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A				

HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/>	NAME/LOCATION OF HOSP/TREAT. FACILITY	USED FORCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
REFUSED TREATMENT <input type="checkbox"/>		TYPE: OC SPRAY	
DECEASED DATE: <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

NAME LAST IAZ	FIRST A	MI	TITLE OFFICER	SEX M	ETHNICITY M	RDO'S S/S/H
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CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE # [REDACTED]	ID # 2866361	POST ASSIGN. # 253107	POSITION SQUAD OFFICER # 8
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A				

HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/>	NAME/LOCATION OF HOSP/TREAT. FACILITY	USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROCESSED EVIDENCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
REFUSED TREATMENT <input type="checkbox"/>		TYPE:	
DECEASED DATE: <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

NAME LAST ARSONS	FIRST T	MI	TITLE OFFICER	SEX M	ETHNICITY W	RDO'S S/S/H
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CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE # [REDACTED]	ID # 2861113	POST ASSIGN. # 253110	POSITION TOOL CONTROL
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A				

HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/>	NAME/LOCATION OF HOSP/TREAT. FACILITY	USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
REFUSED TREATMENT <input type="checkbox"/>		TYPE:	
DECEASED DATE: <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

(30)



(13)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## CRIME / INCIDENT REPORT

PART B2- STAFF

DC 837-B2 (09/03)

PAGE 3 OF 3

INSTITUTION SVSP	FACILITY C	INCIDENT LOG NUMBER SVP-CEN-05-06-0365
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## STAFF (ENTIRE SHEET)

NAME: LAST PULIDO	FIRST E	MI	TITLE MTA	SEX F	ETHNICITY M	RDO'S S/M
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CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE # [REDACTED]	ID # [REDACTED]	POST ASSIGN. # 250200	POSITION FACILITY C MTA
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DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A	
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HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/>	NAME/LOCATION OF HOSP/TREAT. FACILITY	USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
REFUSED TREATMENT <input type="checkbox"/>		TYPE:	
DECEASED DATE: <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

NAME: LAST SANTOS	FIRST N	MI	TITLE LVN	SEX M	ETHNICITY M	RDO'S TH/F
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CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE # NA	ID # [REDACTED]	POST ASSIGN. #	POSITION FACILITY C MEDICAL
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DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A	
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HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/>	NAME/LOCATION OF HOSP/TREAT. FACILITY	USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
REFUSED TREATMENT <input type="checkbox"/>		TYPE:	
DECEASED DATE: <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

NAME: LAST MOORE	FIRST N	MI	TITLE RN	SEX F	ETHNICITY	RDO'S S/S
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CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE # NA	ID # [REDACTED]	POST ASSIGN. #	POSITION FACILITY C MEDICAL
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DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A	
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HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/>	NAME/LOCATION OF HOSP/TREAT. FACILITY	USED FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO	PROCESSED EVIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO
REFUSED TREATMENT <input type="checkbox"/>		TYPE:	
DECEASED DATE: <input type="checkbox"/> N/A	<input type="checkbox"/> N/A		

NAME: LAST LLARE	FIRST L	MI	TITLE OFFICER	SEX M	ETHNICITY O	RDO'S W/TH
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CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE # [REDACTED]	ID # [REDACTED]	POST ASSIGN. # 131315	POSITION FACILITY C BUILDING 6 CONTROL
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DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A	
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HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/>	NAME/LOCATION OF HOSP/TREAT. FACILITY	USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
REFUSED TREATMENT <input type="checkbox"/>		TYPE:	
DECEASED DATE: <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

NAME: LAST LO SANTOS	FIRST B	MI	TITLE OFFICER	SEX F	ETHNICITY M	RDO'S S/S/H
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CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE # [REDACTED]	ID # [REDACTED]	POST ASSIGN. # 253109	POSITION COURT LIAISON OFFICER
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DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A	
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HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/>	NAME/LOCATION OF HOSP/TREAT. FACILITY	USED FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO	PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
REFUSED TREATMENT <input type="checkbox"/>		TYPE:	
DECEASED DATE: <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

(31)



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## CRIME / INCIDENT REPORT

## PART C- STAFF REPORT

CDC 837-C (Rev. 09/03)

PAGE 1 OF 2

INCIDENT LOG NUMBER  
SVP-CEN-05-06-0365

NAME: LAST Hatton	FIRST S	MI B	DATE OF INCIDENT 06/14/05	TIME OF INCIDENT 05:13
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POST # 250416	POSITION Squad Sergeant	YEARS OF SERVICE 17 YR 4 MO	DATE OF REPORT 06/14/05	LOCATION OF INCIDENT Facility C Buildings 6&8
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DO's S/S/H	DUTY HOURS 0730-1600	DESCRIPTION OF CRIME / INCIDENT Resisting staff w/force - Poss. of weapon - Poss. of narcs for sale.	CCR SECTION / RULE 3005 (b) / 3006 (a) / 3016 (c)
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YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)
<input checked="" type="checkbox"/> PRIMARY	Martinez (s)	Jackson (s)
<input type="checkbox"/> RESPONDER	Valdez (s)	Perez (s)
<input type="checkbox"/> WITNESS	Fragoso (s)	Diaz (s)
<input type="checkbox"/> VICTIM	Parsons (s)	De Los Santos (s)
<input type="checkbox"/> CAMERA	Salao (s)	Parsons (s)
		Woods D 30424
		Frye T 05458
		Knight C67508
		Harvey H 28106
		Williams D 05864
		Brown J 75188
		Reese J 02950
		Hunter J06098

FORCE USED BY YOU	WEAPONS USED BY YOU	SHOTS FIRED BY YOU
<input type="checkbox"/> WEAPON	<input type="checkbox"/> MINI-14	<input type="checkbox"/> TYPE: NO: NO:
<input checked="" type="checkbox"/> PHYSICAL	<input type="checkbox"/> 9 MM	37 MM 9 MM
<input type="checkbox"/> NONE	<input type="checkbox"/> 38 CAL	L8 38 CAL
	<input type="checkbox"/> SHOTGUN	40 MM MINI-14
	<input type="checkbox"/> 37 MM <input type="checkbox"/> L8	40 MULTI <input checked="" type="checkbox"/> N/A
	<input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MULTI <input type="checkbox"/> N/A	SHOTGUN
	<input type="checkbox"/> HFWRS <input type="checkbox"/> BATON	
	<input type="checkbox"/> CHEM. TYPE: OC CN CS OTHER:	

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES			<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO



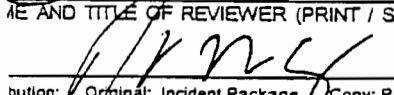
REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES			<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> NO

## NARRATIVE:

In June 14, 2005, while performing my duties as Security Squad Sergeant, I was instructed by Institutional Gang Investigator (GI) Lieutenant Martinez to have the Investigative Service Unit (ISU) staff conduct a series of cell searches located on Facility Building 7 and Building 8. All ISU staff involved were briefed in the Squad Room and then we proceeded to Facility C Building 6. I briefed Officer Millare the Control Booth for Building 6 of the cells the unit would be searching. Myself along with ISU staff entered the building and proceeded to cell 102 occupied by Inmates Woods D-30424 and Frye T-05458 and cell 103, occupied by Inmate Knight C-67508 and Harvey H-28106, both cell doors were open simultaneously. ISU staff instructed inmates in both cells to be placed in hand cuffs to which they complied. Inmates Woods, Frye, and Harvey were escorted to towers in A section and secured. Due to Inmate Knight's mobility disability he was escorted to a table inside of A section and sat down.

After securing the inmates, myself along with ISU staff approached Cell 113 and Officer Millare opened the cell door. Officer Gibbs gave Inmate Williams several orders to get down and prone out with negative results. At the same time Officer Fragoso instructed Inmate Brown (who was on the top bunk) to stop rolling over and keep his hands visible. Inmate Brown disobeyed Fragoso's order and made a movement toward the back of his bunk. Simultaneously Inmate Williams abruptly moved to the lower bunk and grabbed an unknown object and ran toward the cell door. Officer's Fragoso, Gibbs, Jackson and Perez utilized air

CHECK IF NARRATIVE IS CONTINUED ON PART C1

NATURE OF REPORTING STAFF 	TITLE Squad Sergeant	BADGE # 	ID # 2861882	DATE 06/14/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) 	DATE RECEIVED 6/14/05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE 6/14/05

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## CRIME / INCIDENT REPORT

## PART C1- SUPPLEMENT

CDC 837-C1 (Rev. 09/03)

PAGE 2 OF 2

INCIDENT LOG NUMBER

SVP-CEN-05-06-0365

NAME: LAST-

Hatton

FIRST

S

MI

B

## TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT☐ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION

## NARRATIVE:

state issued Oleoresin Capsicum Spray (OC) and sprayed both inmates to their upper torso areas. Inmate Williams stopped at the toilet and flushed it. I reached into the cell with my left hand and grabbed inmate Williams' T-shirt and attempted to pull Williams out of the cell, however the T-shirt ripped and tore off his body. I then grabbed Williams by the left shoulder and was successful in pulling Williams out of the cell. Officer Jackson then forced Inmate Williams to the ground. I maintained control of Williams upper body as other staff members hand cuffed Williams. Once both inmate were handcuffed they were placed into the lower B shower. An unclothed body search was conducted on both inmates and then were decontaminated by utilizing the shower water at the leisure. Myself along with ISU staff proceeded to Building 8 Cell 211 occupied by Inmates Reese J-02950 and Hunter J-06098. The cell door was opened and both inmates were hand cuffed and secured in the shower.

All inmates involved were escorted to the Facility C Program and placed into temporary holding cells and a medical report of injury (7219) was performed by medical staff.

A subsequent search revealed the following contraband:

Building 6 Cell 102 .806 grams of heroin.

Building 6 Cell 103 .031 grams of heroin and two (2) inmate manufactured weapons.

Building 6 Cell 113 one (1) inmate manufactured weapon and 2 razor blades.

Building 8 Cell 211 one (1) wooden pipe relinquished from Inmate Reese's mouth.

This concludes my report.

## CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1

NATURE OF REPORTING STAFF <i>[Signature]</i>	TITLE Squad Sergeant	BADGE # [REDACTED]	ID # 2861882	DATE 06/14/05
E AND TITLE OF REVIEWER (PRINT / SIGNATURE) <i>[Signature]</i>	DATE RECEIVED 6/14/05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE 6/14/05

ution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## CRIME / INCIDENT REPORT

## PART C- STAFF REPORT

CDC 837-C (Rev. 09/03)

PAGE 1 OF 2

INCIDENT LOG NUMBER  
SVP-CEN-05-06-0365

NAME: LAST Gibbs		FIRST B.		MI R	DATE OF INCIDENT 06/14/05	TIME OF INCIDENT 05:13
POST # 253103	POSITION SECURITY SQUAD # 4	YEARS OF SERVICE 9 YR. 5 MO.		DATE OF REPORT 06/14/05	LOCATION OF INCIDENT Facility C, Building #6	
RDO's S/S/H	DUTY HOURS 0730/1600	DESCRIPTION OF CRIME / INCIDENT Poss of Weapon, Resisting Staff of W/Force, Poss. of Narcs for Sale				CCR SECTION / RULE 3005 (b), 3006 (a), 3016 (c) <input type="checkbox"/> N/A

YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)	
<input type="checkbox"/> PRIMARY	Sgt. S. Hatton (S)	Woods D-30424 C6-102L	Reese J-02950 C8-211L
<input checked="" type="checkbox"/> RESPONDER	C/O M. Valdez (S)	Frye T-05458 C6-102U	Hunter J-06098 C8-211U
<input type="checkbox"/> WITNESS		Williams D-05864 C6-113	
<input type="checkbox"/> VICTIM		Brown J-75188 C6-113U	
<input type="checkbox"/> CAMERA			

FORCE USED BY YOU	WEAPONS USED BY YOU		SHOTS FIRED BY YOU	
<input checked="" type="checkbox"/> WEAPON	<input type="checkbox"/> MINI-14	CHEM. TYPE:	TYPE: NO: NO:	
<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> 9 MM	<input checked="" type="checkbox"/> OC MK-9	37 MM	9 MM
<input type="checkbox"/> NONE	<input type="checkbox"/> 38 CAL	<input type="checkbox"/> CN	L8	38 CAL
FORCE OBSERVED BY YOU	<input type="checkbox"/> SHOTGUN	<input type="checkbox"/> CS	40 MM	MINI-14
<input checked="" type="checkbox"/> WEAPON	<input type="checkbox"/> 37 MM <input type="checkbox"/> L8	<input type="checkbox"/> OTHER:	40 MULTI	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MULTI <input type="checkbox"/> N/A		SHOTGUN	
<input type="checkbox"/> NONE	<input type="checkbox"/> HFWRS <input type="checkbox"/> BATON			

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input checked="" type="checkbox"/> YES	One Bindle of Suspected Heroin/One CD-R of Digital Photographs	Placed into ISU Evidence Locker #51/ISU Evidence Film Locker (June 2005)	<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES			<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> UNKNOWN	<input checked="" type="checkbox"/> NO
			<input type="checkbox"/> OTHER:	

## NARRATIVE:

On Tuesday June 14, 2005, at approximately 0513 hours while performing my duties as Security Squad Officer #4, the Investigative Service Unit (ISU) proceeded to Facility "C" to conduct multiple cell searches. Upon my arrival to Facility "C", I proceeded to Building #6 cell 102 which is jointly occupied by Inmates Woods D-30424 (C6-102L) and Frye T-05458 (C6-102U). As I arrived to cell #102, I looked through the cell door window and observed Woods laying down on the lower bunk and Frye laying down on the upper bunk. The Control Booth Officer was then signaled to open the cell door. The cell door was opened at which time I ordered both inmate not to move. I gave Woods orders to get off the lower bunk and prone out on the cell floor at which time he complied. I continued to give Woods orders to crawl back to the cell door while maintaining visual contact on Frye. I placed handcuffs on Woods and Woods was escorted by ISU staff to A-Section lower shower. I then ordered Frye to get off the upper bunk and prone out on the cell floor with positive results. I ordered Frye to crawl back to the cell door and submit to handcuffs. I placed handcuffs on Frye and escorted him to A-Section lower shower.

I proceeded to cell #113 which is jointly occupied by Inmates Williams D-05864 (C6-113L) and Brown J-75188 (C6-113L). Upon my arrival to cell #113, I looked through the cell door window and observed Williams standing in the center of the cell between the bookshelves and bunks. Inmate Brown was laying down on the upper bunk. The Control Booth Officer was signaled to open the cell door. I immediately gave Williams several orders to get down and prone out.

CHECK IF NARRATIVE IS CONTINUED ON PART C1

NATURE OF REPORTING STAFF B. Gibb	TITLE C/O	BADGE # [REDACTED]	ID # 2861212	DATE 06/14/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) [Signature]	DATE RECEIVED 6/14/05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE 6/14/05

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## CRIME / INCIDENT REPORT

## PART C1-SUPPLEMENT

CDC 837-C1 (Rev. 09/03)

PAGE 2 OF 2

INCIDENT LOG NUMBER

SVP-CEN-05-06-0365

NAME: LAST

Gibbs

FIRST

B

MI

R

## TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT☐ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION

## NARRATIVE:

Inmate Williams ignored my orders to get down. As I keep visual contact on Williams, Officer D. Fragoso ordered Brown not to move. Inmate Williams abruptly reached for an unknown object from the lower bunk by the cell toilet. Utilizing my MK-9 Oleoresin Capsicum (OC) Pepper Spray, I sprayed one direct application of OC Pepper Spray to Williams facial and upper torso area while ordering him to prone out. I was momentarily incapacitated by the OC Pepper Spray and stepped back from the cell door. After I regained my composure, I observed Williams being restrained on the floor at which time I handcuffed him. Williams was escorted to the shower for decontamination.

proceeded to Facility "C", Building #8, Cell #211 which is jointly occupied by Inmates Reese J-02950 (C8-211L) and Hunter J-06098 (C6-211U). Officer M. Valdez ordered Reese and Hunter to submit to handcuffs at which time they complied without incident. Both inmates were escorted to B-Section upper shower.

returned to cell C6-102 to conduct a systematic search of the cell. As I entered the cell, I could smell the presence of Inmate Manufactured Alcohol (Pruno). I discovered a 5 Gallon white bucket located on the floor of the cell between the lower shelf and the desk. Inside of the bucket was a red liquid substance in a clear plastic bag approximately 3/4 full. I contacted Squad Sergeant S. Hatton who confirmed the red liquid was indeed Pruno. I continued to search the cell and discovered a plastic aggy located on top of the lower right side shelf by the television with a black tar like substance secreted in it. Utilizing a Sony Digital Camera I took the following digital pictures:

. Over all view outside of cell #102.

. Over all view inside of cell #102.

. Mid range view of suspected Heroin located on top of the lower shelf.

. Mid range view of suspected Heroin located on top of the lower shelf with Inmate Woods D-30424 identification card.

placed the suspected Heroin into an Evidence bag and continued to search the cell with no more contraband being discovered. The Inmate Manufactured Alcohol was disposed of per Institutional Procedures. I returned to the ISU office and conducted an Department of Justice Presumptive Drug Test on the suspected Heroin which tested positive. I placed the suspected Heroin into ISU Evidence Locker #51. I downloaded the digital photographs onto one Compact Disc Recordable (CD-R) and placed the CD-R into ISU Evidence Film Locker (June 2005). I maintained sole possession of all evidence until I placed all items into evidence. This concludes my report.

CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1

SIGNATURE OF REPORTING STAFF <i>[Signature]</i>	TITLE C/O	BADGE # [REDACTED]	ID # 2861212	DATE 06/14/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) <i>[Signature]</i>	DATE RECEIVED 6/14/05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE 6/14/05

Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

35

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT  
PART C- STAFF REPORT

CDC 837-C (Rev. 09/03)

PAGE 1 OF 2

INCIDENT LOG NUMBER  
SVP-CEN-05-06-0365NAME: LAST FIRST MI DATE OF INCIDENT TIME OF INCIDENT  
Fragoso D 06/14/05 05:13POST # POSITION YEARS OF SERVICE DATE OF REPORT LOCATION OF INCIDENT  
253102 S&I # 3 18 YR 8 MO. 06/14/05 Facility "C" Cell C-6 113DO's DUTY HOURS DESCRIPTION OF CRIME / INCIDENT CCR SECTION / RULE  
S/S/H 0800-1630 Resisting Staff W Force-Poss Of Weapon-Poss Of Narcs for Sale 3006 (A) 3006 (A) 3016 (C)

YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)
<input checked="" type="checkbox"/> PRIMARY	B. Gibbs	Brown J-75188 C-6 113U
<input type="checkbox"/> RESPONDER		Williams D-05846 C-6 113L
<input type="checkbox"/> WITNESS		Woods D-30424 C-6 102L
<input type="checkbox"/> VICTIM		Frye T-05458 C-6 102U
<input type="checkbox"/> CAMERA		

FORCE USED BY YOU	WEAPONS USED BY YOU	SHOTS FIRED BY YOU
<input checked="" type="checkbox"/> WEAPON	<input type="checkbox"/> MINI-14	<input type="checkbox"/> TYPE: NO: NO:
<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> 9 MM	37 MM 9 MM
<input type="checkbox"/> NONE	<input type="checkbox"/> 38 CAL	L8 38 CAL
	<input type="checkbox"/> SHOTGUN	40 MM MINI-14
	<input type="checkbox"/> 37 MM <input type="checkbox"/> L8	40 MULTI <input checked="" type="checkbox"/> N/A
	<input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MULTI <input type="checkbox"/> N/A	SHOTGUN
	<input type="checkbox"/> HFWRS <input type="checkbox"/> BATON	
	CHEM. TYPE: <input checked="" type="checkbox"/> OC MK-9 <input type="checkbox"/> CN <input type="checkbox"/> CS <input type="checkbox"/> OTHER:	

INCIDENT COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES	One inmate manufactured weapon, Two razor blades, One nail clipper	Secured in Evidence Locker 06A	<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES			<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES
<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> NO

## NARRATIVE:

On June 14, 2005 at approximately 0513 hours, I was performing my duties as Investigative Services Unit (ISU) Officer #3. At this time I reported to Facility C to conduct multiple cell searches. I approached cell C-6 102 occupied by Inmates Woods D-30424 and Inmate Frye T-05458. The control booth officer opened the cell door, ISU Officer Gibbs ordered Inmates Woods and Frye to submit to mechanical restraints. Mechanical restraints were applied to both inmates without incident. I then escorted Inmate Frye to the A section lower shower stall. I approached cell C-6 113, occupied by Inmates Brown J-25188 and Inmate Williams D-05846. The control booth officer was instructed to open cell C-6 113. ISU Officer B. Gibbs ordered the occupants of the cell to assume the prone position, with negative results. Inmate Williams was standing near the end of the bunk and the toilet area, refusing to comply to Officer Gibbs orders. I ordered Inmate Brown to remain on the top bunk. Inmate Brown then sat up, on the top bunk. Inmate Brown then turned to his left in a quick motion attempting to reach for an unknown object on his bunk. Utilizing my MK-9 Magnum Oleoresin Capsicum (OC) spray, I applied one direct application towards the facial area of Inmate Brown. At this time Inmate Williams attempted to reach towards the lower bunk area, Officer Gibbs utilized his MK-9 (OC) spray and applied one direct one direct application to the facial area of Inmate Williams. I maintained a direct visual on Inmate Brown, while ISU staff placed Williams in mechanical restraints. I ordered Inmate Brown back up towards the cell, and submit to mechanical restraints. I applied the mechanical restraints on Inmate Brown without further incident.

CHECK IF NARRATIVE IS CONTINUED ON PART C1

NATURE OF REPORTING STAFF	TITLE	BADGE #	ID #	DATE
	C/O		2861299	06-14-2005
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)	DATE RECEIVED	APPROVED	CLARIFICATION NEEDED	DATE
	6/14/05	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6/14/05

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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## CRIME / INCIDENT REPORT

## PART C1- SUPPLEMENT

CDC 827-C1 (Rev. 09/03)

PAGE 2 OF 2

INCIDENT LOG NUMBER

SVP-CEN-05-06-0365

NAME: LAST

FRAGOSO

FIRST

D

MI

## TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT☐ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION



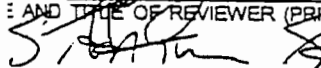
## NARRATIVE:

I escorted Inmate Brown, while Officer Gibbs escorted Williams to the lower tier shower stall for decontamination. Both inmates were given an unclothed body search. I escorted Inmate Brown to the Facility C Health Annex for a medical evaluation (7219).

I began to conduct a cell search of cell C-6 113. During the search of the desk area I discovered secreted in a nail clipper Two (2) razor blades approximately 1 1/2 inches in length. I removed from the top shelf a Zenith 13 inch color television set (ser # 1805) issued to Inmate Brown J-75188. Upon inspection of the television (TV), I discovered secreted within the TV, one inmate manufactured weapon. I removed the front panel from the TV and removed the weapon. The inmate manufactured weapon measured approximately 6 1/2 inches in length by 1/4 inch in width. The weapon was constructed from round metal stock sharpened to a point at one end, with plastic melted on the opposite end to form a handle. I maintained control of the evidence, and utilizing a Sony Digital Camera photographed the contraband. I continued the search of the cell with negative results.

processed the evidence and secured it in ISU evidence locker 06A, in accordance with institutional procedures. All digital nages taken were transferred to a Compact Disc (CD), and placed in ISU film locker June 2005. This concludes my report.

CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1

SIGNATURE OF REPORTING STAFF	TITLE	BADGE #	ID #	DATE
	Officer		2861299	06/14/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)	DATE RECEIVED	APPROVED	CLARIFICATION NEEDED	DATE
	6/14/05	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6/14/05

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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## CRIME / INCIDENT REPORT

## PART C- STAFF REPORT

CDC 837-C (Rev. 09/03)

PAGE 1 OF 3

INCIDENT LOG NUMBER

SVP-CEN-05-06-0365

NAME: LAST DIAZ	FIRST A.	MI	DATE OF INCIDENT 06/14/05	TIME OF INCIDENT 05:13
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POST # 253107	POSITION S&I # 8	YEARS OF SERVICE 4 YR 2 MO.	DATE OF REPORT 06/14/05	LOCATION OF INCIDENT Fac 'C' Building 6
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RDO's S/S/H	DUTY HOURS 0730-1600	DESCRIPTION OF CRIME / INCIDENT Resisting Staff w/Force/Poss.of a Weapon/Controlled Substance	CCR SECTION / RULE 3005 (c)/3006 (a)/3016 (c)	<input type="checkbox"/> N/A
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YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)
<input checked="" type="checkbox"/> PRIMARY	C/O E. Parsons, (S)	Knight, C-07508 (S)
<input type="checkbox"/> RESPONDER	C/O M. Valdez, (S)	Harvey, H-28106 (S)
<input type="checkbox"/> WITNESS	C/O R. Salao, (S)	
<input type="checkbox"/> VICTIM		
<input checked="" type="checkbox"/> CAMERA		

FORCE USED BY YOU	WEAPONS USED BY YOU	SHOTS FIRED BY YOU
<input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input checked="" type="checkbox"/> NONE	<input type="checkbox"/> MINI-14 <input type="checkbox"/> 9 MM <input type="checkbox"/> 38 CAL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> 37 MM <input type="checkbox"/> 40 MM <input type="checkbox"/> HFWRs <input type="checkbox"/> L8 <input type="checkbox"/> 40 MULTI <input type="checkbox"/> BATON <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> TYPE: 37 MM <input type="checkbox"/> TYPE: L8 <input type="checkbox"/> TYPE: 40 MM <input type="checkbox"/> TYPE: 40 MULTI <input type="checkbox"/> TYPE: SHOTGUN <input type="checkbox"/> NO: 9 MM <input type="checkbox"/> NO: 38 CAL <input type="checkbox"/> NO: MINI-14 <input checked="" type="checkbox"/> NO: N/A

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	2 metal weapons sharpened to a point, 2 bindles of black tar heroin <input type="checkbox"/> N/A	Weapons placed in ISU Evidence Locker 06A/2005. Controlled substance locker #51 <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

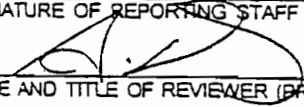
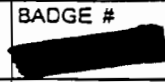
REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> BODILY <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

## NARRATIVE:

On June 14, 2005, at approximately 0513 hours, while performing my duties as Security Squad Officer # 8, I was assisting the Investigative Services Unit Officers E. Parsons, M. Valdez and R. Salao with a cell search on Facility 'C' building #6. As we approached C6 building cell 103 the control booth officer was instructed to open the cell door. Cell 103 was occupied by inmates Knight, C-07508, C6-103L and Harvey, H-28106, C6-103U. The door opened and Knight who was lying on the bottom bed was instructed by Valdez to prone out on his stomach. Knight then stated that he is an ADA inmate and could not prone out. Knight was then instructed to walk back to the cell door slowly and he complied and was escorted by Salao to the table in the A-Pod dayroom. Harvey who was lying on the top bunk was instructed to prone out on his stomach and he complied. Harvey then crawled backwards and was placed in restraints. Harvey was escorted by Valdez to the top tier shower without incident.

along with Officer Parsons began searching cell 103 for any possible contraband. I searched the top bed, and lifted the mattress and found one (1) inmate manufactured weapon on the bed. The weapon was in the middle of the bed which was approximately 5 inches in length and 1/2 in width sharpened to a point. Attached to the weapon was a white cloth sleeve and a blue cloth string laced on top to tie a noose to cover the metal. The weapon also had a blue cloth string tied on top wrapped by a rubber band to form a makeshift handle. I continued searching the cell for contraband, as I began searching

[ ] CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF 	TITLE C/O	BADGE # 	ID # 28661	DATE 06/14/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)	DATE RECEIVED	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE

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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**CRIME / INCIDENT REPORT**  
**PART C1 - SUPPLEMENT**  
 CDC 837-C1 (Rev. 09/03)

PAGE 2 OF 3

INCIDENT LOG NUMBER  
SVP-CEN-05-06-0365

NAME: LAST Diaz	FIRST A.	MI M
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## TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT
     
 ☐ CLARIFICATION OF REPORT
     
 ☐ ADDITIONAL INFORMATION
**NARRATIVE:**


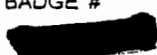
the lower bed I found a blue bini hat in the middle of the bed. The hat had a clear plastic tube with a brown leafy substance (tobacco) wrapped multiple times secreted in it. I also found in the hat a partial piece of a rubber glove that contained two small wrapped plastic bindles of what appeared to be black tar heroin. I continued my search in the lower bed a found one (1) inmate manufactured deadly weapon on the lower right corner of the bed. The weapon was made of metal which was bent in half and measured approximately 3" 1/4 inches in length and 3/4 inch in width sharpened to a point at the folded end. Attached to the weapon was a white paper sleeve taped with masking tape to cover the metal. The weapon also had a white shoe lace wrapped on top, tied to a knot to form a makeshift handle. No further contraband was discovered in the cell.

I secured the evidence and proceeded to conduct a Department of Justice presumptive drug screening test on the suspected bindles of black tar heroin. The first bindle weighed approximately 0.17 grams and tested positive for heroin. The second bindle weighed approximately 0.14 grams and tested positive for heroin.

The following pictures of the weapons and controlled substance found were taken in the following sequence.

1. Overall of cell C6-103
2. Overall view of inside cell C6-103
3. Overall view of inside cell C6-103
4. Close up of weapon found in the middle of the top bed with white cloth sleeve on approximately 5 inches in length and 1/2 in width sharpened to a point..
5. Close up of weapon found in the middle of the top bed without white cloth sleeve approximately 5 inches in length and 1/2 in width sharpened to a point..
6. Close up of blue bini hat that contained a clear plastic tube with a brown leafy substance (tobacco) wrapped multiple times. Also a partial piece of a rubber glove that contained inside two small wrapped plastic bindles of what appeared to be black tar heroin.
7. Close up of blue bini hat that contained a clear plastic tube with a brown leafy substance (tobacco) unwrapped. Also a partial piece of a rubber glove opened that contained two small wrapped plastic bindles of what appeared to be black tar heroin.
8. Close up of one (1) inmate manufactured deadly weapon on the lower right corner of the bed. The weapon was made of metal which was bent in half and measured approximately 3 1/4 inches in length and 3/4 inch in width sharpened to a point at the folded end. Attached to the weapon was a white paper sleeve taped with masking tape to cover the metal.
9. Close up of one (1) inmate manufactured deadly weapon on the lower right corner of the bed. The weapon was made of metal which was bent in half and measured approximately 3 1/4 inches in length and 3/4 inch in width sharpened to a point at the folded end. Removed was the paper sleeve and weapon is facing a side view

[ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1

SIGNATURE OF REPORTING STAFF 	TITLE C/O	BADGE # 	ID # 28661	DATE 06/14/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)	DATE RECEIVED	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

STATE OF CALIFORNIA  
CRIME / INCIDENT REPORT  
PART C1- SUPPLEMENT  
CDC 837-C1 (Rev. 09/03)

DEPARTMENT OF CORRECTIONS

PAGE 3 OF 3		INCIDENT LOG NUMBER SVP-CEN-05-06-0365
NAME: LAST Diaz	FIRST A.	MI

TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT      ☐ CLARIFICATION OF REPORT      ☐ ADDITIONAL INFORMATION

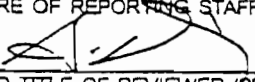
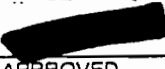
NARRATIVE:

10. Close up of one (1) inmate manufactured deadly weapon on the lower right corner of the bed. The weapon was made of metal which was bent in half and measured approximately 3 1/4 inches in length and 3/4 inch in width sharpened to a point at the folded end. Removed was the paper sleeve and weapon is facing up to view the sharpened point.

I then secured and processed the weapons in ISU evidence locker 06A/2005 and the controlled substance in ISU evidence locker #51 pending DOJ testing results.

This concludes my report.

] CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1

SIGNATURE OF REPORTING STAFF 	TITLE C/O	BADGE # 	ID # 28661	DATE 06/14/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE):	DATE RECEIVED	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

40



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## CRIME / INCIDENT REPORT

## PART C- STAFF REPORT

CDC 837-C (Rev. 09/03)

PAGE 1 OF 2

INCIDENT LOG NUMBER  
SVP-CEN-05-06-0365

NAME: LAST VALDEZ	FIRST M.	MI	DATE OF INCIDENT 06/14/05	TIME OF INCIDENT 05:13
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POST # 253100	POSITION Security Squad Officer #1	YEARS OF SERVICE 9 YR. 2 MO.	DATE OF REPORT 06/14/05	LOCATION OF INCIDENT Facility C Buildings 6 & 8
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RDO's S/S/H	DUTY HOURS 0800-1630	DESCRIPTION OF CRIME / INCIDENT Resisting Staff W/Force-Poss. of Weapon-Poss. of Narcotics for Sale	CCR SECTION / RULE 3005 (c), 3006 (a) & 3016 (c)
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YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)
<input checked="" type="checkbox"/> PRIMARY	C/O R. Salao (s)	Reese J-02950 (s)
<input type="checkbox"/> RESPONDER	C/O E. Perez (s)	Hunter J-06098 (s)
<input type="checkbox"/> WITNESS	C/O A. Diaz (s)	
<input type="checkbox"/> VICTIM		
<input type="checkbox"/> CAMERA		

FORCE USED BY YOU	WEAPONS USED BY YOU	SHOTS FIRED BY YOU
<input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input checked="" type="checkbox"/> NONE	<input type="checkbox"/> MINI-14 <input type="checkbox"/> 9 MM <input type="checkbox"/> 38 CAL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> 37 MM <input type="checkbox"/> 40 MM <input type="checkbox"/> HFWRs <input type="checkbox"/> L8 <input type="checkbox"/> 40 MULTI <input type="checkbox"/> BATON <input checked="" type="checkbox"/> N/A	TYPE: NO: NO: 37 MM 9 MM L8 38 CAL 40 MM MINI-14 40 MULTI SHOTGUN

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	(1) Wooden Pipe <input type="checkbox"/> N/A	Placed in ISU Evidence Locker 06A (2005) <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO


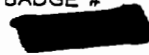

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> BODILY <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

## NARRATIVE:

On June 14, 2005, at approximately 0513, hours while conducting my duties as Security Squad Officer #1, I assisted the Security Squad in conducting multiple cell searches on Facility C, in Buildings C-6 and C-8. Upon arriving on Facility C, Security Squad Officers R. Salao, A. Diaz and myself proceeded to cell C6-103, occupied by Inmates Knight C-07508, C6-103L and Harvey H-28106, C6-103U. As we approached the cell the control booth officer was instructed to open the cell door. Once we were in front of the cell door I ordered both inmates to remain on their bunks, both inmates complied. I then ordered the inmate on the top bunk, identified as Harvey to step down of the top bunk and back up to the open cell door. Harvey complied and I placed him in handcuffs. I escorted Harvey up to the top tier shower in A-Section where I conducted an unclothed body search on him. As I conducted the unclothed body search other members of the team proceeded to cell C6-113, where it became necessary for force to be used (O.C. Pepper Spray).

Once the team had secured the inmates in cell C6-113, I proceeded to Building C-8 Cell 211. As I approached Cell 211, the control booth officer was instructed to open the cell door. Once the cell door was opened I ordered the inmate on the lower bunk identified as Hunter, J-06098, C8-211U, to back up to the cell door where I placed him in handcuffs. After Hunter was placed in handcuffs Officer E. Perez escorted him to the top tier shower in B-Section. I then ordered the inmate on the top bunk identified as Reese, J-02950, to back up to the cell door. Reese complied at which time I placed him in handcuffs and escorted him to top tier B-Section shower.

☒ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF 	TITLE C/O	BADGE # 	ID # 2861215	DATE 6/14/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) 	DATE RECEIVED 6/14/05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE 6/14/05

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## CRIME / INCIDENT REPORT

## PART C1- SUPPLEMENT

CDC 837-C1 (Rev. 09/03)

PAGE 2 OF 2

INCIDENT LOG NUMBER

SVP-CEN-05-06-0365

NAME: LAST

VALDEZ

FIRST

M.

MI


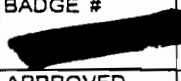
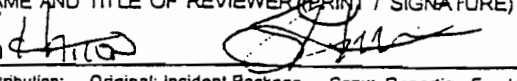
## TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT☐ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION

## NARRATIVE:

Once both Hunter and Reese were in the shower Officer Perez conducted an unclothed body search on both inmates. During the unclothed body search I noticed a dark unknown object in Reese's mouth. I then ordered Reese to remove the item from his mouth, he complied and placed it on the shower door bars. I took possession of the object which was a dark brown in color and wrapped in clear plastic. When I removed the plastic wrapping, I discovered it was a wooden pipe commonly used to smoke marijuana. After the unclothed body searches were complete Officer Perez and myself conducted a search of Cell 211, with negative results for any additional contraband. Officer Perez and I then escorted both Hunter and Reese to the Facility C program area where I placed Reese in Temporary Holding Cell # 2, without further incident. Upon returning to the Investigative Service Unit (ISU), I placed the wooden pipe into ISU Evidence Locker 06A (2005). This concludes my report.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1

SIGNATURE OF REPORTING STAFF 	TITLE C/O	BADGE # 	ID # 2861215	DATE 6/14/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) 	DATE RECEIVED 6/14/05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE 6/14/05

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

25

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## CRIME / INCIDENT REPORT

## PART C- STAFF REPORT

CDC 837-C (Rev. 09/03)

PAGE 1 OF

INCIDENT LOG NUMBER

SVP-Cen-05-06-0365

NAME: LAST Parsons	FIRST E.	MI R.	DATE OF INCIDENT 06/14/05	TIME OF INCIDENT 05:13
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POST # 253103	POSITION S & I #10	YEARS OF SERVICE 7 YR. 3 MO.	DATE OF REPORT 06/14/05	LOCATION OF INCIDENT Facility C Building 6&8
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RDO's S,S,H	DUTY HOURS 0730 - 1600	DESCRIPTION OF CRIME / INCIDENT Resisting Staff W/Force-Poss of a Weapon-Poss of Narcotics for sale	CCR SECTION / RULE 3005b/3006a/3016c	<input type="checkbox"/> N/A
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YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)	
<input checked="" type="checkbox"/> PRIMARY	A. Diaz	Woods, D-30428	Brown, J-75188
<input type="checkbox"/> RESPONDER		Frye, T-05458	Reese, J-02950
<input type="checkbox"/> WITNESS		Knight, C-67508	Hunter, J-06098
<input type="checkbox"/> VICTIM		Harvey, H-28106	
<input type="checkbox"/> CAMERA		Williams, D-05864	

FORCE USED BY YOU	WEAPONS USED BY YOU		SHOTS FIRED BY YOU		
<input type="checkbox"/> WEAPON	<input type="checkbox"/> MINI-14	CHEM. TYPE:	TYPE: NO: NO:		
<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> 9 MM	<input type="checkbox"/> OC	37 MM		9 MM
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> 38 CAL	<input type="checkbox"/> CN	L8		38 CAL
FORCE OBSERVED BY YOU	<input type="checkbox"/> SHOTGUN	<input type="checkbox"/> CS	40 MM		MINI-14
<input type="checkbox"/> WEAPON	<input type="checkbox"/> 37 MM	<input type="checkbox"/> L8	40 MULTI		<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> 40 MM	<input checked="" type="checkbox"/> N/A	SHOTGUN		
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> HFWRs	<input type="checkbox"/> BATON			

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES			<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES			<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> UNKNOWN	<input checked="" type="checkbox"/> NO
			<input type="checkbox"/> OTHER:	

## NARRATIVE:

On June 14, 2005, at about 05:13 hours while working as Squad Officer #10, I assisted with multiple cell searches, and escorting of inmates on Facility C, Yard 2, Buildings C6 and C8. At Building C6 cell 102 occupied by Inmates Woods, D-30424 and Frye, T-05458 I escorted Inmate Woods to lower A section shower and secured him in the shower. I conducted and unclothed body search of Woods and Frye with negative results. I then proceeded to Building C8, cell 211, occupied by inmates Reese, J-02950 and Hunter, J06098. I handcuffed each inmate and escorted them to upper C section shower, and conducted an unclothed body search searched of both inmates with negative results. I then assisted Officer A. Diaz in searching cell C6, 103 occupied by Inmates Knight, C-67508 and Harvey, H-28106. I entered cell 103 to search the cell, half way through the search, cell 103 was secured, and I proceeded to escorted Inmate Frye from the lower A section shower to the Health annex for medical evaluation. I returned to building C6 and escorted Inmate Knight to Facility C Medical Office for medical evaluation. Upon returning to Building C6 I then escorted Inmate Williams to the health Annex for medical evaluation. I then returned to Building C6 and finished the search of cell 103 with Officer Diaz. During the search Officer Diaz found two inmate manufactured weapons and suspected Heroin.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF <i>[Signature]</i>	TITLE C/O	BADGE # [REDACTED]	ID # 2861113	DATE 06/14/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) <i>[Signature]</i>	DATE RECEIVED 6/14/05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE 6/14/05

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

43



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## CRIME / INCIDENT REPORT

## PART C- STAFF REPORT

CDC 837-C (Rev. 09/03)

PAGE 1 OF 2

INCIDENT LOG NUMBER

SVP-CEN-05-06-0365

NAME: LAST Perez	FIRST E.	MI	DATE OF INCIDENT 06/14/05	TIME OF INCIDENT 05:13
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POST # 253106	POSITION Squad # 7	YEARS OF SERVICE 5 YR 6 MO.	DATE OF REPORT 06/14/05	LOCATION OF INCIDENT Facility C, Building # 6, Cell 113
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RDO's S/S/H	DUTY HOURS 0730-1630	DESCRIPTION OF CRIME / INCIDENT Resisting Staff W/Force-Poss. Of Weapon-Poss. Of Narcs For Sale	CCR SECTION / RULE 3005 (b), 3006 (a) and 3016 (c)
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YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)
<input checked="" type="checkbox"/> PRIMARY	(S) Sgt. S. Hatton	(S) Williams D05864
<input type="checkbox"/> RESPONDER	(S) C/O B. Gibbs	(S) Brown J75188
<input type="checkbox"/> WITNESS	(S) C/O D. Frago	
<input type="checkbox"/> VICTIM		
<input type="checkbox"/> CAMERA		

FORCE USED BY YOU	WEAPONS USED BY YOU	SHOTS FIRED BY YOU
<input checked="" type="checkbox"/> WEAPON	<input type="checkbox"/> MINI-14	<input type="checkbox"/> TYPE: NO: NO:
<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> 9 MM	<input type="checkbox"/> 37 MM
<input type="checkbox"/> NONE	<input type="checkbox"/> 38 CAL	<input type="checkbox"/> L8
FORCE OBSERVED BY YOU	<input type="checkbox"/> SHOTGUN	<input type="checkbox"/> 40 MM
<input checked="" type="checkbox"/> WEAPON	<input type="checkbox"/> 37 MM	<input type="checkbox"/> 40 MULTI
<input checked="" type="checkbox"/> PHYSICAL	<input type="checkbox"/> L8	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> NONE	<input type="checkbox"/> 40 MM	<input type="checkbox"/> SHOTGUN
	<input type="checkbox"/> 40 MULTI	
	<input type="checkbox"/> HFWRS	
	<input type="checkbox"/> BATON	
	CHEM. TYPE: <input checked="" type="checkbox"/> OC 5.5 Fogger <input type="checkbox"/> CN <input type="checkbox"/> CS <input type="checkbox"/> OTHER:	

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES			<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES			<input type="checkbox"/> BODILY	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO
			<input type="checkbox"/> UNKNOWN	
			<input type="checkbox"/> OTHER:	

## NARRATIVE:

On Tuesday June 14, 2005, at approximately 0513 hours, the Investigative Services Unit reported to Facility C, to conduct several cell searches. Cell searches began in Facility C building # 6, cells 102 and 103. The inmates in cell 102 and 103 complied with staff orders to exit the cell, both inmates were placed in handcuffs and escorted to the top and lower showers. I then reported to cell 113 occupied by Inmate's Williams D05864 and Brown J75188. Upon my arrival to cell 113 the control booth officer was instructed to open the cell door by Sgt. Hatton. While the cell door was opening, Officer B. Gibbs ordered Williams and Brown to remain still. Williams was standing up facing the cell door and Brown was laying on the top Bunk. Gibbs then ordered Williams several times to face the back of the cell and walk backwards towards the cell door and submit to mechanical restraints (handcuffs), with negative results. Gibbs continued to give Williams orders to turn around and submit to handcuffs which Williams ignored. Williams then reached over to the lower bunk and it appeared Williams was trying to retrieve an object from the lower bunk. At that time I administered one burst of OC 5.5 Fogger to the facial area of Williams, while staff continued to give Williams orders to submit to handcuffs, Williams continued to ignore staffs orders. Williams then stood up and made a sudden movement towards the cell door and stopped in front of the toilet. Williams flushed the toilet several times, At which time Sgt. Hatton was able to grab Williams by his shirt and pull him toward the cell door.

[ ] CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF 	TITLE C/O	BADGE # 	ID # 2862341	DATE 06/03/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) 	DATE RECEIVED 06/14/05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE 6/14/05

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## CRIME / INCIDENT REPORT

## PART C1- SUPPLEMENT

CDC 837-G1 (Rev. 09/03)

PAGE 2 OF 2

INCIDENT LOG NUMBER

SVP-CEN-05-06-0365

NAME: LAST PEREZ	FIRST E.	MI 
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## TYPE OF INFORMATION:

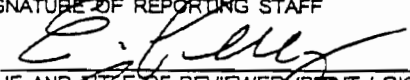
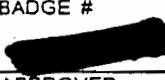
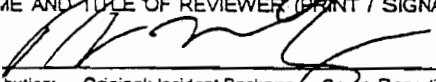
☒ CONTINUATION OF REPORT☐ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION

## NARRATIVE:

Williams was then placed on ground by Investigative Services Unit (ISU) staff. Williams was then placed in handcuffs and escorted to the lower shower by ISU staff. Inmate Brown was then given orders by D. Fragoso to slowly climb down from the upper bunk and submit to handcuffs, at which time Brown complied. Brown was then escorted by ISU staff to the A-Section lower shower.

I then reported to Building 8, cell 211 occupied by Inmates Reese J02950 and Hunter J06098 to perform a cell search. Upon my arrival to cell 211 the Control Booth Officer was ordered to open the cell door. Officer M. Valdez then instructed Reese and Hunter to submit to handcuffs, at which time they complied. Officer Valdez and I escorted both inmates to the top tier shower. After placing the inmates in the shower, I began to conduct an unclothed body search on Inmate Hunter, which resulted in negative results. Officer M. Valdez then ordered Reese to open his mouth, at which time Reese complied. Reese opened his mouth and Valdez noticed he was trying to conceal an object. Valdez then ordered Reese to remove the object from his mouth, Reese complied by removing the object from his mouth and placing it on the shower door. Valdez took control of the item and I finished the unclothed body search. I then assisted Valdez with the search of cell 211 with negative results. Officer Valdez and I escorted Reese and Hunter to the Medical health Annex and were place in holding cell # 1 and 2. This concludes my report.

CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1

SIGNATURE OF REPORTING STAFF 	TITLE C/O	BADGE # 	ID # 2862341	DATE 06/14/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) 	DATE RECEIVED 6/14/05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE 6/14/05

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

45

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## CRIME / INCIDENT REPORT

## PART C- STAFF REPORT

CDC 837-C (Rev. 09/03)

PAGE 1 OF 2

INCIDENT LOG NUMBER

SVP-CEN-05-06-0365

NAME: LAST Salao	FIRST R	MI Q	DATE OF INCIDENT 06/14/05	TIME OF INCIDENT 05:13
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POST # 253104	POSITION S & I #5	YEARS OF SERVICE 7 YR 3 MO	DATE OF REPORT 06/14/05	LOCATION OF INCIDENT Facility C Building 6
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RDO's S,S,H	DUTY HOURS 0730 - 1600	DESCRIPTION OF CRIME / INCIDENT Resisting Staff w/Force, Possession of a Weapon, Dist of Narcotics	CCR SECTION / RULE 3005(a), 3006(a), 3016(c)
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YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)
<input checked="" type="checkbox"/> PRIMARY	Sgt. S. Hatton	Knight (C-67508)(S) Reese (J-02950)(S)
<input type="checkbox"/> RESPONDER		Harvey (H-28106)(S) Hunter (J-06098)(S)
<input type="checkbox"/> WITNESS		Woods (D-30424)(S) Williams (D-05864)(S)
<input type="checkbox"/> VICTIM		Frye (T-05458)(S) Brown (J-75188)(S)
<input type="checkbox"/> CAMERA		

FORCE USED BY YOU	WEAPONS USED BY YOU	SHOTS FIRED BY YOU
<input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input checked="" type="checkbox"/> NONE	<input type="checkbox"/> MINI-14 <input type="checkbox"/> 9 MM <input type="checkbox"/> 38 CAL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> 37 MM <input type="checkbox"/> L8 <input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MULTI <input checked="" type="checkbox"/> N/A <input type="checkbox"/> HFWRS <input type="checkbox"/> BATON	<input type="checkbox"/> TYPE: <input type="checkbox"/> NO: <input type="checkbox"/> NO: 37 MM 9 MM L8 38 CAL 40 MM MINI-14 40 MULTI <input checked="" type="checkbox"/> N/A SHOTGUN

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

## NARRATIVE:

On Tuesday, June 14, 2005 at approximately 0513 hours while performing my duties as Investigative Services Unit (ISU) Officer #5, I assisted ISU in multiple cell searches on Facility C Building 6. ISU entered A-Pod and went to cells 102; occupied by Inmates Woods (D-30424) and Frye (T-05458) and 103; occupied by Inmates Knight (C-67508) and Harvey (H-28106). All four inmates complied to the orders that were given by staff and placed in restraints (hand cuffs). Inmates Woods and Frye were escorted to the lower A shower and secured, Inmate Harvey was escorted to the upper A shower and secured. I escorted Inmate Knight to the A-Pod day room table closest to cell 103 where he was seated, due to his mobility impairment, he was unable to walk up the stairs to the upper A shower. I then went to cell 113, occupied by Inmates Williams (D-05864) and Brown (J-75188) and assisted other ISU staff. Inmate Williams was given several orders by staff to "turn around, back up and cuff up" with negative results. Inmate Williams made a sudden movement towards the toilet and flushed an unknown object, ISU staff responded by utilizing their MK-9 and spraying Inmate Williams in the upper body and head area. Inmate Williams was given orders to "get down and cuff up", with negative results. Inmate Williams was removed from the cell and was placed in hand cuffs and escorted to the lower B pod showers by ISU staff. While I observed Inmate Brown in the upper bunk. Inmate Brown was given orders by staff to "get down and prone out on the floor". Once he was on the floor, He was placed in hand cuffs and escorted by ISU staff to lower B pod showers where he was secured with Inmate Williams.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF	TITLE C/O	BADGE #	ID # 2861002	DATE 06/14/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)	DATE RECEIVED 6/14/05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE 6/14/05

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

96

59

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## CRIME / INCIDENT REPORT

## PART C1- SUPPLEMENT

CDC 837-C1 (Rev. 09/03)

PAGE 2 OF 2

INCIDENT LOG NUMBER

SVP-CEN-05-06-0365

NAME: LAST Salao	FIRST R.	MI Q
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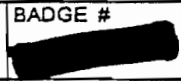
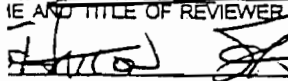
## TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT☐ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION

## NARRATIVE:

Once all inmates were secured, I went to Building 8 to assist ISU staff with searching cell 211, occupied by Inmates Reese (J-02950) and Hunter (J-06098). Both Inmates complied with the orders given by staff and were placed in hand cuffs and escorted to the upper B pod showers and secured. I was instructed by ISU Sergeant S. Hatton to escort inmates up to the Facility C Health Services Annex. I escorted Inmate Williams (D-05864) to the Health Services Annex and he was placed in a holding cell. I then went back to Building 6 and escorted Inmate Woods (D-30424) to the Health Services Annex and he was placed in a holding cell. I went back a third time to Building 6 and escorted Inmate Knight (C-67508) to the Medical Technical Assistant's (MTA) office and placed him in the MTA holding cell. Once I completed all escorts, I continued assisting searching cells 103 and 113 with negative results. This concludes my report.

CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1

SIGNATURE OF REPORTING STAFF 	TITLE C/O	BADGE # 	ID # 2861002	DATE 06/14/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) 	DATE RECEIVED 6/14/05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE 6/14/05

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

47



30

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## CRIME / INCIDENT REPORT

## PART C- STAFF REPORT

CDC 837-C (Rev. 09/03)

PAGE 1 OF 2

INCIDENT LOG NUMBER

SVP-CEN-05-06-0365

NAME: LAST JACKSON	FIRST J.	MI V.	DATE OF INCIDENT 06/14/05	TIME OF INCIDENT 05:13
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POST # 253105	POSITION S&I # 6	YEARS OF SERVICE 7 YR. 5 MO.	DATE OF REPORT 06/14/05	LOCATION OF INCIDENT Facility C, Building # 6, Cell # 113
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RDO's S/S/H	DUTY HOURS 0730-1600	DESCRIPTION OF CRIME / INCIDENT Resisting Staff s/force-Poss. of weapon- Poss. of narcs for sale	CCR SECTION / RULE 3005 (b) / 3006 (a) / 3016 (c)
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YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)
<input checked="" type="checkbox"/> PRIMARY	Sgt. S. Hatton (S)	Williams D05864 (S) Frye T05458 (S)
<input type="checkbox"/> RESPONDER	C/O B. Gibbs (S)	Brown J75188 (S)
<input type="checkbox"/> WITNESS	C/O R. Salao (S)	Knight C07508 (S)
<input type="checkbox"/> VICTIM		Harvey H28106 (S)
<input type="checkbox"/> CAMERA		Woods D30424 (S)

FORCE USED BY YOU	WEAPONS USED BY YOU	SHOTS FIRED BY YOU
<input checked="" type="checkbox"/> WEAPON	<input type="checkbox"/> MINI-14	<input type="checkbox"/> TYPE: NO: NO:
<input checked="" type="checkbox"/> PHYSICAL	<input type="checkbox"/> 9 MM	37 MM 9 MM
<input type="checkbox"/> NONE	<input type="checkbox"/> 38 CAL	L8 38 CAL
	<input type="checkbox"/> SHOTGUN	40 MM MINI-14
	<input type="checkbox"/> 37 MM <input type="checkbox"/> L8	40 MULTI <input checked="" type="checkbox"/> N/A
	<input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MULTI <input type="checkbox"/> N/A	SHOTGUN
	<input type="checkbox"/> HFWRS <input type="checkbox"/> BATON	

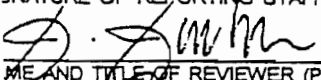
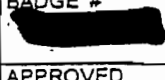
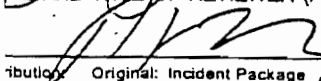
EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES			<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES			<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> UNKNOWN	<input checked="" type="checkbox"/> NO
			<input type="checkbox"/> OTHER:	

## NARRATIVE:

On June 14, 2005, at approximately 0513 hours, while performing my duties as Security Squad Officer # 6, I reported to Facility C, Building # 6, to perform a series of cell searches. The cell searches began with cell 102 and 103. Cell 102 was occupied by Inmate Woods D30424/C6-102 and Inmate Frye T05458/C6-102. Cell 103 was occupied by Inmate Knight C07508/C6-103 and Inmate Harvey H28106/C6-103. Both cells were opened simultaneously and the inmates were ordered to submit to handcuffs at which time they complied. I handcuffed Inmate Harvey and he was removed from the cell and secured in the upper A-Pod shower. I placed the handcuffs on Inmate Knight in the front due to the fact he is DPM. Officer R. Salao and I escorted Knight to a table in A-Pod where we relinquished custody of him to Facility C staff. The cell searches continued to C6-113 which was occupied by Inmate Williams D05864/C6-113 and Inmate Brown J75188/C6-113. Upon arriving at the cell the Control Booth Officer was instructed to open the cell door. Once the door was opened I observed inmate Williams standing between the bunks and toilet. Correctional Officer B. Gibbs ordered Williams to back up to the cell entrance and submit to handcuffs with negative results. Officer Gibbs continued to order Williams to back up to the cell entrance and submit to handcuffs with negative results. Williams suddenly made an abrupt movement towards the lower bunk at which time I utilized my MK-9 Oleoresin Capsicum (OC). Williams grabbed an unknown object from the lower bunk and began running towards the cell entrance. Once Williams reached the cell entrance he tossed the unknown object in the toilet and began flushing repeatedly. Officer B. Gibbs ordered Williams to get on the ground and prone out with negative results.

[ ] CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF 	TITLE C/O	BADGE # 	ID # 286930	DATE 06/14/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) 	DATE RECEIVED 6/14/05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE 6/14/05

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

48



31.

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT  
PART C1-SUPPLEMENT

CDC 837-C1 (Rev. 09/03)

PAGE 2 OF 2

INCIDENT LOG NUMBER

SVP-CEN-05-06-0365

NAME: LAST

JACKSON

FIRST

J.

MI

V.

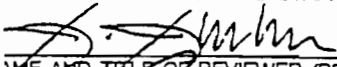
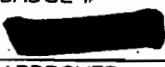
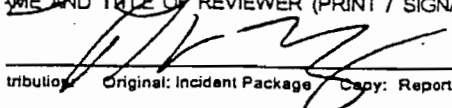
## TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT☐ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION

## NARRATIVE:

Sergeant S. Hatton was able to grab Williams by his shirt and pull him out of the cell. Once Williams was out of the cell I grabbed both of Williams's shoulders with my hands and forced him to the ground. While on the ground I maintained control of William's left arm until handcuffs were applied. Williams was escorted to the lower B-Pod shower without further incident. This concludes my report.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1

SIGNATURE OF REPORTING STAFF 	TITLE C/O	BADGE # 	ID # 286930	DATE 06/14/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) 	DATE RECEIVED 6/14/05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE 6/14/05

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

49.

32

NAME and NUMBER HAKVET, H-28106

CDC - 128B (Rev. 4/74)

Case # SVP-CEN-05-06-0365, dated 6/14/2005, 115 Log # S05-05-0014 was referred to the Investigative Services Unit (ISU) for referral to the District Attorney's Office. Upon review of this case, prosecution referral has been declined and disciplinary action deemed best handled on an Administrative level.

- ☐ Accepted by the D.A.  
☐ Rejected by the D.A.  
☒ Declined by I.S.U.


cc: C-File

Inmate

115 Desk

ISU case file

Facility CCII

  
ISU STAFF  
Salinas Valley State Prison

Date: 8/16/2005

(DISTRICT ATTORNEY REFERRAL)

GENERAL CHRONO

50

ILM copy

ASSOCIATE WARDEN, OPS

7/18/05

(33)

304 Sent To Records On 3/22/06 By 8/2/06

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## JLE'S VIOLATION REPORT

NUMBER -23106	INMATE'S NAME HARVEY	RELEASE/BOARD DATE 3/22/06	INST. SVSP	HOUSING NO. C6-103U	LOG NO. 006-03-0033
CITED RULE NO(S). CRS 3005(a) / 3016(c)		SPECIFIC ACTS POSSESSION OF A DEADLY WEAPON POSS. OF A CONTROLLED SUBSTANCE		LOCATION Fac. 'C' Bld. #6	DATE 03/03/06
CIRCUMSTANCES		TIME 0513 HRS.			

is RVR Log #305-06-0014, is being ordered Re-issued / Re-heard per memorandum authored by C. Noll, Chief Disciplinary Officer, dated 03/03/06.

On June 14, 2005, at approximately 0513 hours, while performing my duties as Security Squad Officer #8, I was assisting the Investigative Services Unit Officer's E. Parsons, M. Valdez and R. Salao with a cell search on facility 'C' Building #6. As we approached C6 Building cell #103, the Control Booth Officer was instructed to open the cell door. Cell #103 was occupied by Inmates Knight (C-07508, C6-103L) and HARVEY (H-23106, C6-103U). The door opened and Knight who was lying on the bottom bed was instructed by Valdez to prone out on his stomach. Knight then stated that he is an ADA Inmate and could not prone out. Knight was then instructed to walk back to the cell door and he complied, and was escorted by Officer Salao to the table in the A-pod dayroom. Inmate HARVEY who was lying on the top bunk was instructed to prone out on his stomach and he complied. Inmate HARVEY then crawled backwards and was placed in restraints. Inmate HARVEY was escorted by Valdez to the top tier shower without incident.

(CONTINUED ON PART C)

Inmate HARVEY is is not a participant in the Mental Health Services Delivery System.

REPORTING EMPLOYEE (Typed Name and Signature) A. Diaz, Correctional Officer (ISU)		DATE 3/22/06	ASSIGNMENT Security Squad #8	RDO'S
VIEWING SUPERVISOR'S SIGNATURE [Signature]		DATE 3/22/06	<input type="checkbox"/> INMATE SEGREGATED PENDING HEARING	
CLASSIFIED ADMINISTRATIVE SERIOUS	OFFENSE DIVISION A1-1812.00	DATE 3/22/06	CLASSIFIED BY (Typed Name and Signature) G.R. Salao	HEARING REFERRED TO <input type="checkbox"/> HO <input checked="" type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/> FC
COPIES GIVEN INMATE BEFORE HEARING				
CDC 115 -03-0033R	BY: (STAFF'S SIGNATURE) [Signature]	DATE 3/22/06	TIME 1350	TITLE OF SUPPLEMENT [Signature]
INCIDENT REPORT LOG NUMBER: 05-06-0365	BY: (STAFF'S SIGNATURE) [Signature]	DATE 3/22/06	TIME 1350	BY: (STAFF'S SIGNATURE) [Signature]
DATE		TIME		

REFERRED TO ☐ CLASSIFICATION ☐ BPT/NAEA

ACTION BY: (TYPED NAME)		SIGNATURE	DATE	TIME
VIEWED BY: (SIGNATURE)		DATE	CHIEF DISCIPLINARY OFFICER'S SIGNATURE	
COPY OF CDC 115 GIVEN INMATE AFTER HEARING		BY: (STAFF'S SIGNATURE)	DATE	TIME

DC 115 (7/88)

(51)

TE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## LES VIOLATION REPORT - PART C

PAGE 2 OF 2

NUMBER -28106	INMATE'S NAME HARVEY	LOG NUMBER SOS-03-0033R	INSTITUTION SVSP	TODAY'S DATE 03/03/06
SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF: <input checked="" type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER			

I along with Officer Parsons began searching cell #103 for any possible contraband. I searched the top bed, and lifted the mattress and found one (1) Inmate Manufactured Weapon on the bed. The weapon was in the middle of the bed which was approximately 5 inches in length and 1/2 inch width sharpened to a point. Attached to the weapon was a white cloth sleeve and a blue cloth string laced on top to tie a noose to cover the metal. The weapon also had a blue cloth string tied on top wrapped by a rubber band to form a makeshift handle. I continued searching the cell for contraband. As I began searching the lower bed I found a blue bini hat in the middle of the bed. The hat had a clear plastic tube with a brown leafy substance (tobacco) wrapped multiple times secreted in it. I also found in the hat a partial piece of rubber glove that contained two small wrapped plastic bindles of what appeared to be black heroin. I continued my search in the lower bed and found one (1) Inmate Manufactured Deadly Weapon on the lower right corner of the bed. The weapon was made of metal which was bent in half and measured approximately 3" 1/4 inches in length and 3/4 inch in width, sharpened to a point at the folded end. Attached to the weapon was a white paper sleeve taped with masking tape to cover the metal. The weapon also had a white shoe lace wrapped on top, tied to a knot to form a makeshift handle. No further contraband was discovered in the cell. I proceeded to photograph all of the evidence found in cell C6-103 in its original state of discovery.

I secured the evidence and proceeded to conduct a Department of Justice (DOJ) presumptive Drug Screening Test on the suspected bindles of black tar heroin. The first bindle weighed approximately 0.17 grams and tested positive for heroin. The second bindle weighed approximately 0.14 grams and tested positive for heroin.

I then secured and processed the weapons and photographs into ISU Evidence Locker C6A/2005 and the controlled substance in ISU Locker #51 pending DOJ results. This concludes my report.

Inmate HARVEY is aware of this report.

A. Diaz, Correctional Officer (ISU)

SIGNATURE OF WRITER		DATE SIGNED	
GIVEN BY: (Staff's Signature)		DATE SIGNED	TIME SIGNED
<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE		3/02/06	12:00



- 804 Sent To Records On 3/21/06

By 4/0 ORANGE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## RULES VIOLATION REPORT

NUMBER -28106	INMATE'S NAME HARVEY	RELEASE/BOARD DATE 6/10/04	INST. SVSP	HOUSING NO. C6-103U	LOG NO. S06-03-0033R
LATEST RULE NO(S) CRS 3006(a) / 3016(e)		SPECIFIC ACTS POSSESSION OF A DEADLY WEAPON POSS. OF A CONTROLLED SUBSTANCE	LOCATION Fac. 'C' Bld. #6	DATE 03/03/06	TIME 0513 HRS.

is RVR Log #S05-06-0014, is being ordered Re-issued / Re-heard per memorandum authored by C. Noll, Chief Disciplinary Officer, dated 03/03/06.

On June 14, 2005, at approximately 0513 hours, while performing my duties as Security Squad Officer #3, was assisting the Investigative Services Unit Officer's E. Parsons, M. Valdez and R. Salao with a cell search on facility 'C' Building #6. As we approached C6 Building cell #103, the Control Booth Officer was instructed to open the cell door. Cell #103 was occupied by Inmates Knight (C-07508, C6-103L) and HARVEY (H-28106, C6-103U). The door opened and Knight who was lying on the bottom bed was instructed by Valdez to prone out on his stomach. Knight then stated that he is an ADA Inmate and could not prone out. Knight was then instructed to walk back to the cell door slowly and he complied, and was escorted by Officer Salao to the table in the A-pod dayroom. Inmate HARVEY who was lying on the top bunk was instructed to prone out on his stomach and he complied. Inmate HARVEY then crawled backwards and was placed in restraints. Inmate HARVEY was escorted by Valdez to the top tier shower without incident.

(CONTINUED ON PART C)

Inmate HARVEY is / is not a participant in the Mental Health Services Delivery System.

REPORTING EMPLOYEE (Typed Name and Signature) A. Diaz, Correctional Officer (ISU)		DATE 3/22/06	ASSIGNMENT Security Squad #8	RDO'S
VIEWING SUPERVISOR'S SIGNATURE L. A. Ferry		DATE 3-22-06	<input type="checkbox"/> INMATE SEGREGATED PENDING HEARING	
CLASSIFIED ADMINISTRATIVE SERIOUS	OFFENSE DIVISION A 1-181-360	DATE 3/22/06	CLASSIFIED BY (Typed Name and Signature) G. R. Salao	HEARING REFERRED TO <input type="checkbox"/> HO <input checked="" type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/> FC
COPIES GIVEN INMATE BEFORE HEARING				
CDC 115 -03-0033R	BY: (STAFF'S SIGNATURE) Car	DATE 3/22/06	TIME 1550	TITLE OF SUPPLEMENT DOA Report letter w/ Release Return to the 2 COPIES of IFE + PICATURE C 1030
INCIDENT REPORT LOG NUMBER: H-05-06-0365	BY: (STAFF'S SIGNATURE) C	DATE 3/22/06	TIME 1550	BY: (STAFF'S SIGNATURE) @ 4/0 Rodriguez DATE 3/23/06 TIME 0730
HEARING a: NOT GUILTY.				

**Findings:** Inmate HARVEY was found GUILTY of CRS §3006(a), specifically "Possession Of A Deadly Weapon" a Division 1" offense. This finding is based on the preponderance of evidence presented at the hearing which does substantiate charge. The evidence presented at the hearing included: SEE CDC-115-C.

**Disposition:** Inmate HARVEY assessed 00 days forfeiture of credits due to the loss of time constraints.

**Disciplinary Disposition:** Inmate HARVEY was counseled, warned and reprimanded.

**Classification Referral:** Refer to ICC for possible SHU assessment.

REFERRED TO ☐ CLASSIFICATION ☐ BPT/NAEA

VIEWED BY: (TYPED NAME) D. Bennett, Correctional Lieutenant		SIGNATURE [Signature]	DATE 10/19/06	TIME 1050
VIEWED BY: (SIGNATURE) F. Parkin, Captain		DATE 10-27-06	CHIEF DISCIPLINARY OFFICER'S SIGNATURE G. Lewis, C.D.O.	
COPY OF CDC 115 GIVEN INMATE AFTER HEARING [Signature]		BY: (STAFF'S SIGNATURE) 4/0 ORANGE	DATE 11/3/06	TIME 1015

CDC 115 (7/88)

(53)

OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## S VIOLATION REPORT - PART C

PAGE 2 OF 3

NUMBER 28185	INMATE'S NAME HARVEY	LOG NUMBER S06-03-0033R	INSTITUTION S.V.S.P.	TODAY'S DATE 10/19/06
SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input checked="" type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER			

ing: 10/19/06. Time: 1050 hours. Any Postponement Explained: None.

ce's Health: Inmate HARVEY stated his health was good. MISD: Inmate HARVEY is not a participant in the Mental Services Delivery System.

of Discovery: 06/14/05. Re-Issue / Re-Hear date: 03/03/06. Initial RVR copy issued on: 03/22/05.  
ing started on: 10/19/06. Last document issued to inmate on: 06/02/06.  
postponed date: 03/22/06. D.A. results issued date: 03/23/06. Time Constraints: Not met.

E Assistant: A Staff Assistant was not assigned per CCR §3315(d)(2).

te HARVEY's TABE score is above 4.0 as indicated in his C-file.

stigative Employee: On 03/28/06, Correctional Officer C. Reyes was assigned as the Investigative Employee.

Referral: This matter was referred to the District Attorney's office during the original adjudication of this Inmate HARVEY requested his hearing be postponed, pending the outcome of the referral, as indicated by his ature on the CDC-115A, dated 03/22/06. However, this SHO notes that on 12/21/05, notice was received from the rict Attorney indicating the case had been rejected.

ence Requested: Inmate HARVEY did not request any evidence at the hearing.

mail/Outside Evidence: None. Video Tape Evidence: N/A.

its Plea and Statement: Inmate HARVEY entered a plea of NOT GUILTY and submitted the following written statement, Quillie Harvey, plead not guilty. The SHO cannot make a fair and impartial judgment because of the time lapse. n unable to put on evidence due to the transfer of witnesses and the incomplete reports by I.S.U., I was not given requested evidence, the 1030 says an anonymous note, that is not confidential. I should have been provided with py of this note."

wesses Requested: Inmate HARVEY requested Inmate White as a witness, however, could not provide a CDC number or institution to which this inmate transferred. Due to this lack of information, no witnesses were summoned to this ing.

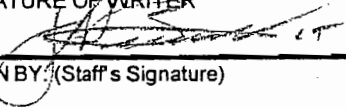
wess Testimony at Hearing: None.

idential Information: Confidential information was not used at this hearing, even though a CDC-1030 was issued.

ntinued On Part C)

Final copy CCCR 11/8/06 @ 1015

J.D. Bennett, Correctional Lieutenant

<input type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER 		DATE SIGNED 10/19/06
	GIVEN BY: (Staff's Signature)	DATE SIGNED	TIME SIGNED



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS  
PAGE 3 OF 3

## RULES VIOLATION REPORT - PART C

NUMBER 28106	INMATE'S NAME HARVEY	LOG NUMBER S06-03-0033R	INSTITUTION S.V.S.P.	TODAY'S DATE 10/19/06
SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input checked="" type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER			

**Findings:** Inmate HARVEY is found GUILTY of "Possession Of A Deadly Weapon." This finding is based upon the following ponderance of evidence:

RVR Log #S06-03-0033R authored by Correctional Officer A. Diaz, which states in part, "On June 14, 2005, at approximately 0513 hours, while performing my duties as Security Squad Officer #8, I was assisting the Investigative Services Unit Officers E. Parsons, M. Valdez and R. Salao with a cell search on Facility 'C' Building #6. As we reached C6 Building cell #103, the Control Booth Officer was instructed to open the cell door. Cell #103 was occupied by Inmates Knight (G-07508, C6-103L) and HARVEY (H-28106, C6-103U). The door opened and Knight who was lying on the bottom bed was instructed by Valdez to prone out on his stomach. Knight then stated that he is an ADA Inmate could not prone out. Knight was then instructed to walk back to the cell door slowly and he complied, and was escorted by Officer Salao to the table in the A-pod dayroom. Inmate HARVEY who was lying on the top bunk was instructed to prone out on his stomach and he complied. Inmate HARVEY then crawled backwards and was placed in restraints. Inmate HARVEY was escorted by Valdez to the top tier shower without incident. I along with Officer Parsons began searching cell #103 for any possible contraband. I searched the top bed, and lifted the mattress and found one (1) Inmate Manufactured Weapon on the bed. The weapon was in the middle of the bed which was approximately 5 inches in length 1/2 inch width sharpened to a point. Attached to the weapon was a white cloth sleeve and a blue cloth string laced top to tie a noose to cover the metal. The weapon also had a blue cloth string tied on top wrapped by a rubberband form a makeshift handle."

CDC-837 Supplemental Report Log #SVP-CEN-05-06-0365 authored by Correctional Officer E. Parsons, which states in part, "I then returned to Building C6 and finished the search of cell 103 with Officer Diaz. During the search Officer Diaz found two Inmate Manufactured Weapons and suspected Heroin."

**Conclusion:** This SHO notes that Inmate HARVEY is being charged with being in Possession Of A Deadly Weapon and Possession Of A Controlled Substance, both of which were discovered during the same cell search. Therefore, this SHO is a sufficiency of evidence in rendering Inmate HARVEY guilty of being in possession of a deadly weapon which is more serious of the charged offenses. This finding is based on the Rules Violation Report that documents the recovery of a deadly weapon under the upper bunk's mattress. At the time of the search, Inmate HARVEY was assigned to the upper bunk of cell C6-103, this is further supported by the Reporting Employee's eyewitness account wherein he observed Inmate HARVEY laying on the upper bunk when the cell search was initiated.

**Final Disposition:** This Rules Violation Report was ordered Re-Issued / Re-Hard by C.D.O. C. Noll on 03/03/06. There are due process issues which are addressed throughout the hearing process. This RVR was assigned to this SHO on 10/13/06, after an extensive delay in being heard. The original hearing did not include the mandated imposition of ICR §3315(f)(4), therefore it was not imposed at this hearing.

**Any Concerns:** None.

**Appeal Rights:** Inmate HARVEY was advised of his appeal rights per CCR §3084.1(a). Inmate HARVEY was advised he will receive a completed copy of the RVR upon final audit by the Chief Disciplinary Officer.

*Final copy to CRAYES 11/8/06 @ 1015*

J.D. Bennett, Correctional Lieutenant

<input type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER <i>J.D. Bennett</i>		DATE SIGNED 10/19/06
	GIVEN BY: (Staff's Signature) <i>[Signature]</i>	DATE SIGNED	TIME SIGNED

ERIOUS RULES VIOLATION REPORT

IC NUMBER H-28106	INMATE'S NAME HARVEY	VIOLATED RULE NO(S). CCRS 3005(a)/3016(c)	DATE 03/03/06	INSTITUTION SVSP	LOG NO. S06-03-0033R
----------------------	-------------------------	--	------------------	---------------------	-------------------------

REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT ☒ YES ☐ NO

POSTPONEMENT OF DISCIPLINARY HEARING		
<input type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶	DATE
<input checked="" type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶ <i>Phillie Harvey</i>	DATE 3-22-06
TE NOTICE OF OUTCOME RECEIVED 12/21/05	DISPOSITION Rept. C by D.A.	
<input type="checkbox"/> I REVOKE my request for postponement.	INMATE'S SIGNATURE ▶	DATE

STAFF ASSISTANT		
AFF ASSISTANT REQUESTED <input type="checkbox"/> WAIVED BY INMATE	INMATE'S SIGNATURE ▶	DATE
ASSIGNED	DATE	NAME OF STAFF
NOT ASSIGNED	REASON DNmr per CCR 3315 (d)(2)	

INVESTIGATIVE EMPLOYEE		
ESTIGATIVE EMPLOYEE REQUESTED <input type="checkbox"/> WAIVED BY INMATE	INMATE'S SIGNATURE ▶ <i>Phillie Harvey</i>	DATE 3-22-06
ASSIGNED	DATE 03/28/06	NAME OF STAFF C. Reyes, Correctional Officer
NOT ASSIGNED	REASON	

DENCE/INFORMATION REQUESTED BY INMATE:

WITNESSES					
WNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)					
REPORTING EMPLOYEE	<input type="checkbox"/>	STAFF ASSISTANT	<input type="checkbox"/>	INVESTIGATIVE EMPLOYEE	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	NONE	<input type="checkbox"/>		
WNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	GRANTED	NOT GRANTED	WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	GRANTED	NOT GRANTED
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

ESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

On 03/28/06, I was assigned as Investigative Employee for CDC-115 Log #S06-03-0033R. I informed Inmate HARVEY of my assignment and that as Investigative Employee my duties were as a fact finder for the Senior Hearing Officer. Inmate HARVEY stated that he had no objection to my serving in this capacity.

DEFENDANT'S STATEMENT: On 03/28/06, I interviewed Inmate HARVEY and he stated the following: "I have questions for witnesses." Inmate HARVEY also submitted written questions to be asked of staff witnesses.

REPORTING EMPLOYEE'S STATEMENT: On 04/05/06, I interviewed Correctional Officer A. Diaz and the officer provided the following statement: "I conducted a cell search of Knight and Harvey. While in the cell I found on the top bunk under the mattress, an Inmate Manufactured Weapon sharpened to a point. On the bottom bunk on the right end top corner, I found a weapon folded in half with a sharp point. The weapon was covered with a paper sleeve. Also, found on the bottom bunk inside a beanie cap, was two plastic bundles of black heroin tar and tobacco. I processed all evidence into evidence and the heroin was submitted to the D.O.J."

*Final copy CCRKmpes 11/8/06 1015*

Continued On Part C)

C. Reyes, Correctional Officer	
INVESTIGATOR'S SIGNATURE ▶ <i>CCRKmpes</i>	DATE 4/17/06
COPY OF CDC 115-A GIVEN INMATE	BY: (STAFF'S SIGNATURE) ▶ <i>[Signature]</i>
TIME 1550	DATE 3/22/06



TE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## LES VIOLATION REPORT - PART C

PAGE 2 OF 3

NUMBER 1-28-06	INMATE'S NAME HARVEY	LOG NUMBER S06-03-0033R	INSTITUTION SVSP	TODAY'S DATE 03/28/06
SUPPLEMENTAL	<input type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> 115 CIRCUMSTANCES	<input type="checkbox"/> HEARING	<input checked="" type="checkbox"/> IE REPORT
<input type="checkbox"/> OTHER				

## AFF WITNESSES' STATEMENT:

interviewed Correctional Lieutenant R.L. Martinez and asked the following questions provided by Inmate HARVEY:

How did you become a part of the extraction searches?  
I.S.U. and I.G.I. are the same unit.

What were your working hours on 06/14/05?  
Varies.

You were not on the scene until 45 minutes after my cell had started being searched, true or false?  
I was there from start to finish on cell searches I.S.U. and I.G.I. conducted.

further questions were asked of Lieutenant Martinez.

interviewed Correctional Lieutenant G.D. Jordan and asked the following questions provided by Inmate HARVEY:

This information you received, that my cell had contraband, what kind of information was this?  
The information was anonymous.

What date did you receive this information?  
The day before the searches.

What made this information credible that you acted on it?  
The contraband found in cells during searches made it credible.

You were not in my cell until 45 minutes after my cell had started being searched, true or false?  
Irrelevant.

Why didn't you order your officers to video tape these extractions per use of force policy?  
This was not a calculated cell extraction, you exited your cells as ordered.

further questions were asked of Lieutenant Jordan.

interviewed Correctional Sergeant S. Hatton and asked the following questions provided by Inmate HARVEY:

Why didn't you put everything that happened on 6/14/05 in the incident report?  
Everything was mentioned.

All of the participating I.S.U. officers work hours range from 7:30am to 1600 or 8:00am to 1630, true?  
True.

further questions were asked of Sergeant Hatton.

Continued On Part C)

C. Reyes, Correctional Officer

<input type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER <i>C. Reyes</i>	DATE SIGNED 4/1/06	
	GIVEN BY: (Staff's Signature)	DATE SIGNED	TIME SIGNED

115-C (5/95)



OSP-99-25082

57

TE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## LES VIOLATION REPORT - PART C

PAGE 3 OF 3

NUMBER 1-28106	INMATE'S NAME HARVEY	LOG NUMBER S06-03-0033R	INSTITUTION SVSP	TODAY'S DATE 03/28/06
SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input checked="" type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER			

Staff Witnesses' Statement (Continued)

interviewed Correctional Officer J.V. Jackson and asked the following questions provided by Inmate HARVEY:

: When you came to get me from the shower didn't you accuse me of fishing while I was in there?

: I don't remember.

: When you escorted me didn't you say 'Yall think you got away with something'?

: Don't recall.

Didn't you batter as you escorted me across the yard to the program?

I don't understand the question.

Why did you leave out that you escorted me to the Health Annex in your report?

Per my report, I did not escort you to Health Annex.

further questions were asked of Officer Jackson.

Investigative Employee Statement:

Inmate HARVEY requested all reports, photos of narcotics and photos of weapon. All reports were issued, this would be the incident package. The incident package has everyone's reports and what transpired on that day. Upon completion of the I.E. Report Inmate HARVEY will receive photos of weapons and drugs that were found in his cell. Also, Inmate HARVEY requested this I.E. to interview two inmates in C6-105. On 04/05/06, I attempted to interview said inmates. At that time, I approached cell 105 in C6 and both inmates were no longer in cell 105. I was told they were no longer used there. On 04/06/06, I spoke with Inmate HARVEY and told him the inmates he wanted questioned were no longer in C6-105 and that I was told they had transferred. Furthermore, Inmate HARVEY did not provide the names of the inmates or did he provide CDC numbers to assist in locating them.

Reporting Employee requested at the hearing: No

Investigative Employee requested at the hearing: No

Staff / Inmate witnesses requested at the hearing: No

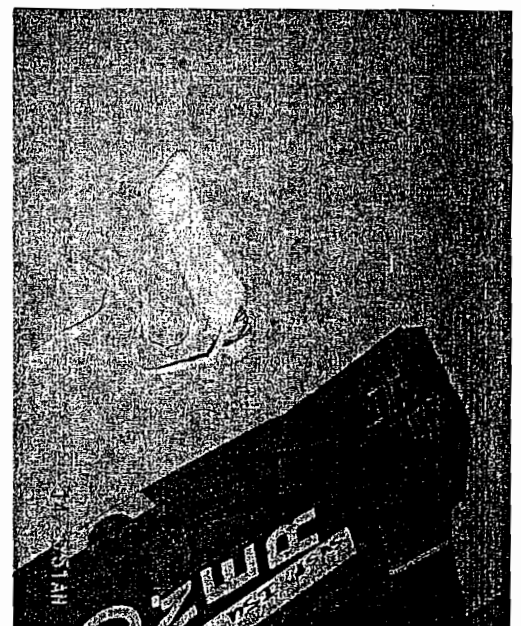
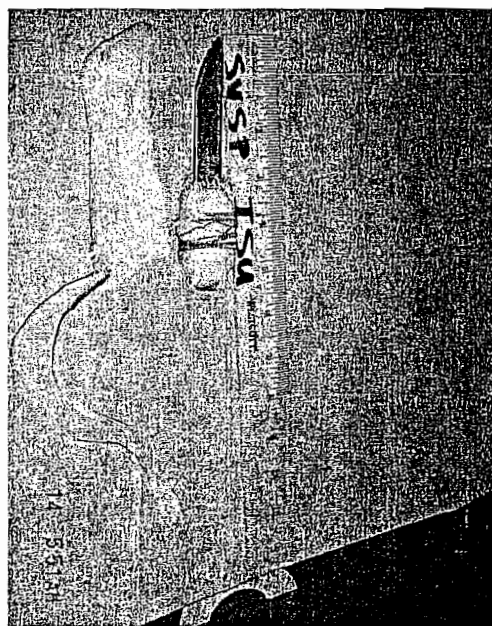
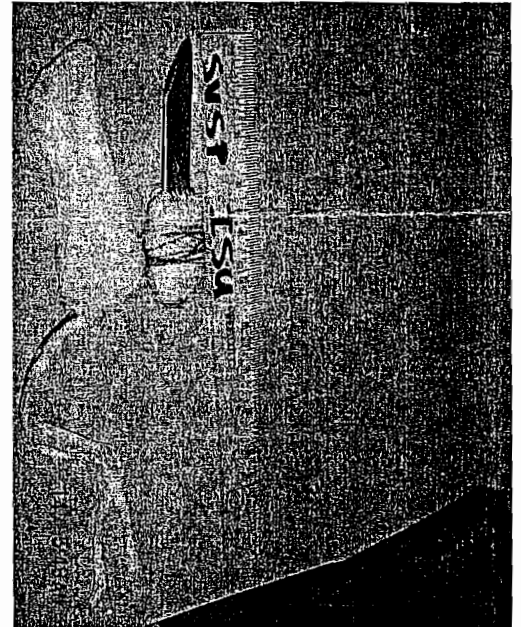
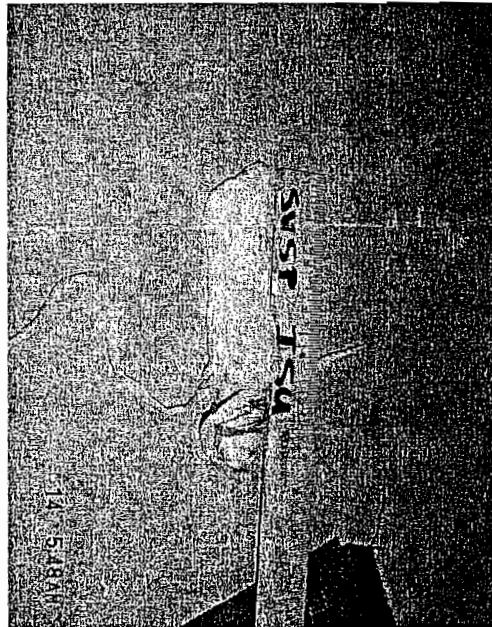
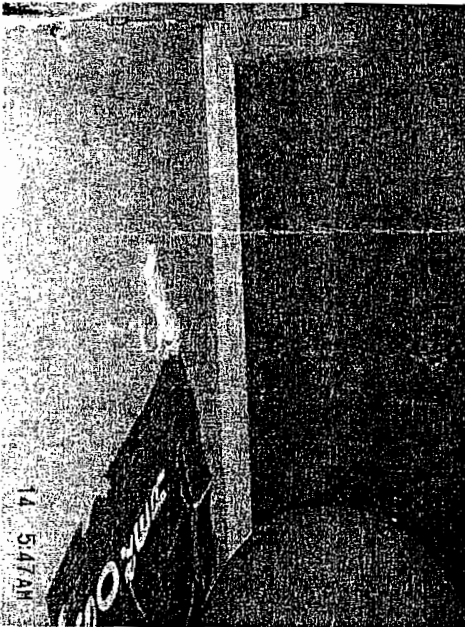
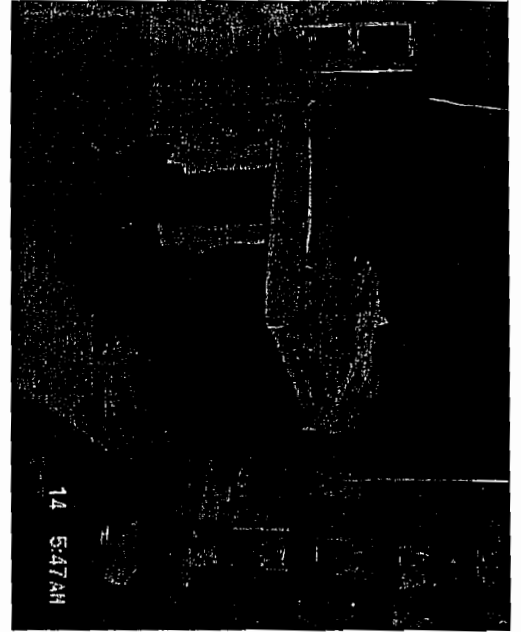
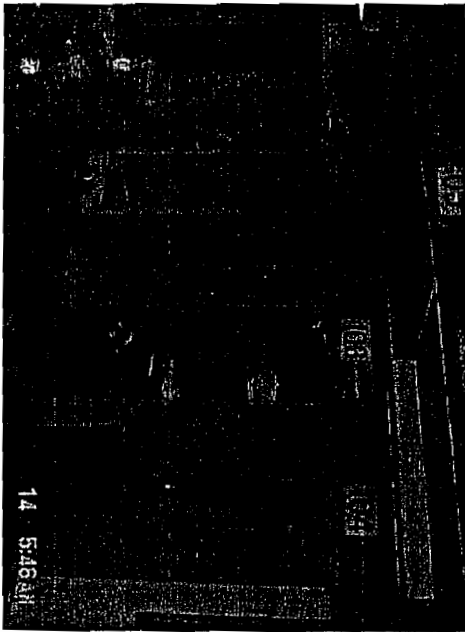
Additional information in Confidential Reports: No

C. Reyes, Correctional Officer

SIGNATURE OF WRITER <i>C. Reyes</i>		DATE SIGNED 4/11/06	
<input type="checkbox"/>	GIVEN BY: (Staff's Signature)	DATE SIGNED	TIME SIGNED
	COPY OF CDC 115-C GIVEN TO INMATE		



(41)

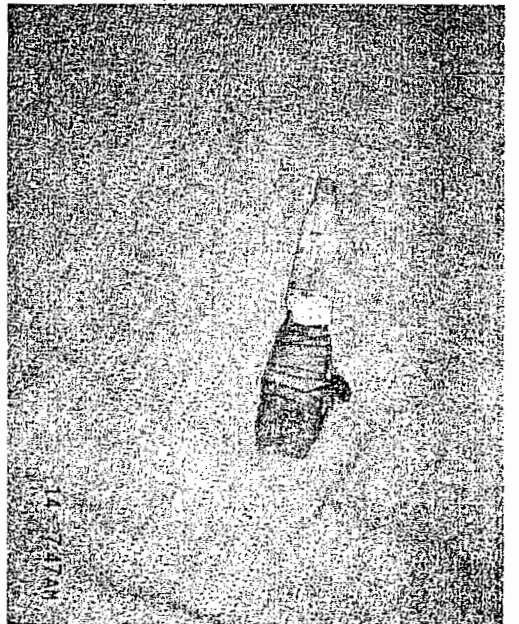
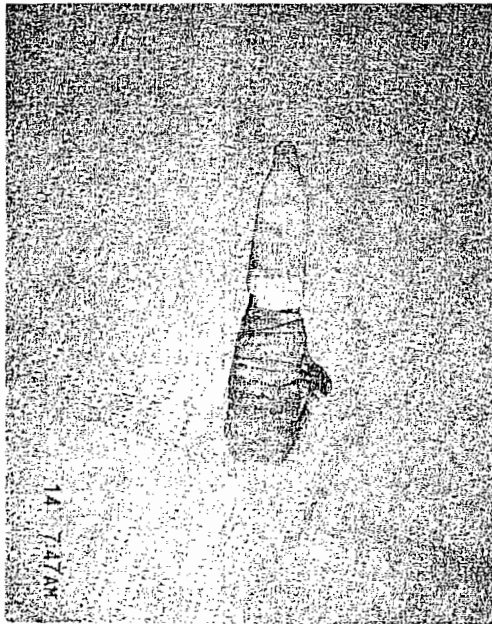
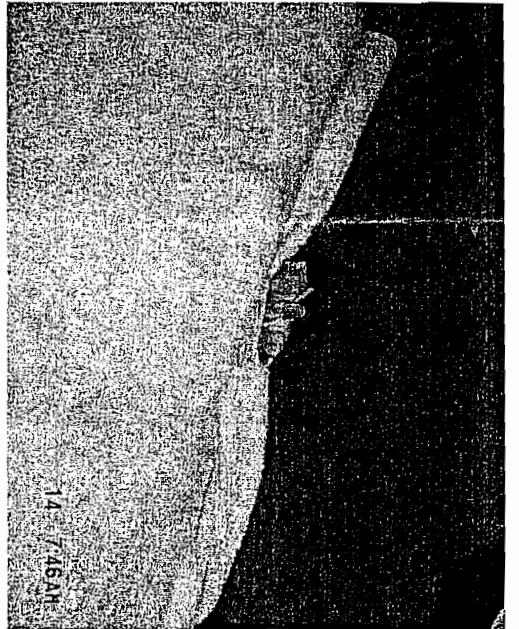


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(59)

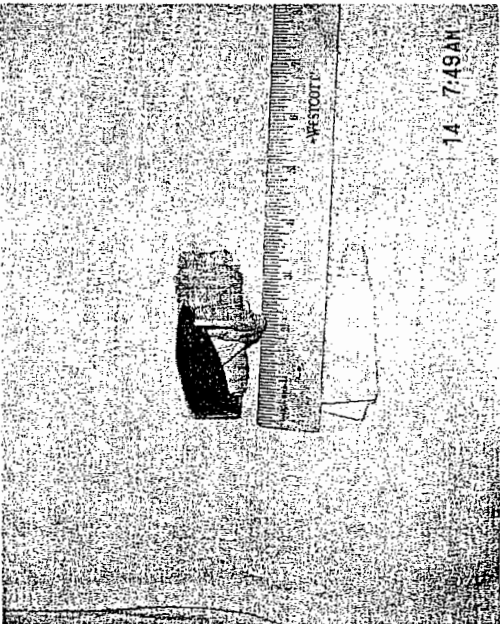
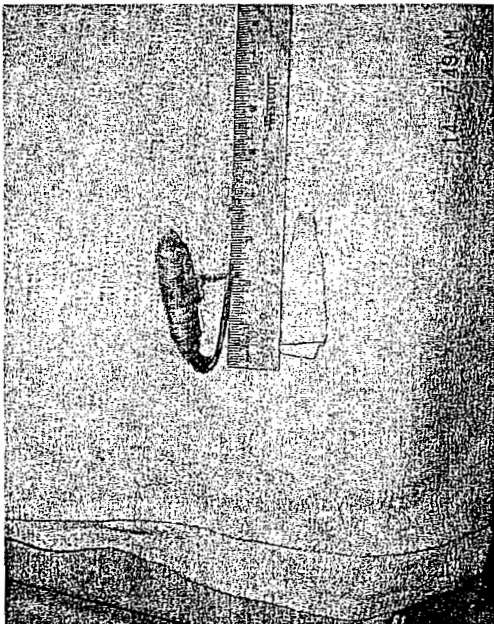
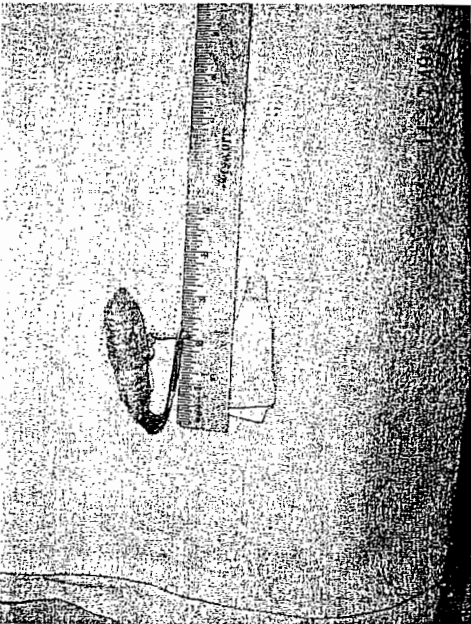


(42.)



(60)





94

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

NOTICE OF CLASSIFICATION HEARING

CDC 128 - B1 (Rev 2/95)

INMATE NAME	CDC NUMBER	TODAY'S DATE
HARVEY	H-28106	10/19/06

YOU WILL APPEAR BEFORE A CLASSIFICATION COMMITTEE ON ASAP FOR CONSIDERATION OF A MAJOR PROGRAM CHANGE AS FOLLOWS:

- ☐ TRANSFER
- ☐ INCREASE IN CUSTODY
- ☐ ASSIGNMENT TO SECURITY HOUSING
- ☐ REMOVAL FROM PROGRAM
- ☒ OTHER SHU Assessment.

REASON:

On 10/19/06, Inmate HARVEY, H-28106, appeared before Correctional Lieutenant J.D. Barnett, Senior Hearing Officer, for a CC-115 hearing concerning Rules Violation Report, Log #S06-03-0033R, charging him with the specific act of "Possession Of A Deadly Weapon." Inmate HARVEY was found GUILTY and is referred to I.C.C. for: SHU Assessment.

STAFF: <u>INMATE</u>		
J.D. Barnett, Correctional Lieutenant	Senior Hearing Officer	S.V.S.P.
HOUSING INFORMATION: ORIGINAL - CLASSIFICATION COMMITTEE	GOVT - INMATE	

62

45.

DIVISION OF ADULT OPERATIONS  
SALINAS VALLEY STATE PRISON  
325 HIGHWAY 101  
P.O. BOX 1020  
SALINAS, CA. 93960  
TEL: 678-5500



DATE: March 3, 2006

TO: Lt. Parin

SUBJECT: REISSUE/REHEAR RULES VIOLATION REPORT (RVR) LOG # S05-06-0014  
Possession Of a Deadly Weapon/Poss. Of a Controlled Substance

CDC 115 RVR Log #S05-06-0014 dated 06/14/05 for violation of California Code of Regulations (CCR) 3005(a) & 3016(a) **Possession Of a Deadly Weapon/Poss. Of a Controlled Substance** is hereby ordered to be reissued/reheard.

If you have any questions you may contact me at extension 5535.

C. Noll  
Associate Warden  
Salinas Valley State Prison

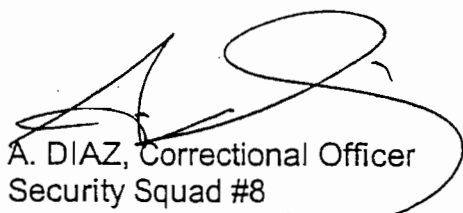
63.

NAME AND NUMBER: KNIGHT

CDC #: C-07508

CDC 128B (Rev. 4/74)

On June 14, 2005, I was conducting a cell search on Facility 'C' Building 6, cell 103 occupied by Inmates KNIGHT, C-07508 and HARVEY, H-28106. Inmate KNIGHT, who was already escorted out of his cell prior to the search, was placed in A-Pod section table seat. As I began searching cell 103, I saw KNIGHT get up from the table seat, and run to cell 104 throwing an unknown object under the door. I quickly yelled to KNIGHT to get down and he ran back to the table and sat on the seat. I informed KNIGHT that he stated earlier he was an ADA inmate and could not prone out. I subsequently asked KNIGHT if he could not prone out, how he could be running back and forth with no restrictions or limitations. KNIGHT refused to answer my question.



A. DIAZ, Correctional Officer  
Security Squad #8  
Salinas Valley State Prison

DATE: 6/14/05

(GENERAL INFORMATION)

GENERAL CHRONO



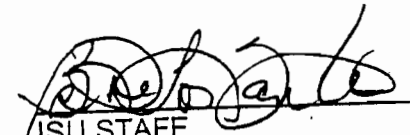
NAME and NUMBER KNIGHT, C-07508

CDC - 128B (Rev. 4/74)

Case # SVP-CEN-05-06-0365, dated 6/14/2005, 115 Log # \_\_\_\_\_ was referred to the Investigative Services Unit (ISU) for referral to the District Attorney's Office. Upon review of this case, prosecution referral has been declined and disciplinary action deemed best handled on an Administrative level.

- ☐ Accepted by the D.A.  
☐ Rejected by the D.A.  
☒ Declined by I.S.U.

cc: C-File  
 Inmate  
 115 Desk  
 ISU case file  
 Facility CCII

  
 ISU STAFF  
 Salinas Valley State Prison

Date: 8/16/2005

(DISTRICT ATTORNEY REFERRAL)

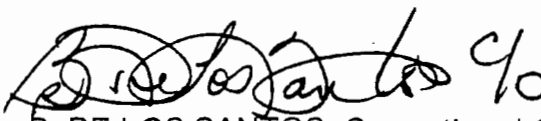
GENERAL CHRONO

NAME AND NUMBER: KNIGHT

CDC #: C-07508

CDC 128B (Rev. 4/74)

On June 14, 2005, I was conducting a cell search on Facility 'C' Building 6, cell 102, when I heard loud noises coming from the A-Pod section. I quickly stepped out of the cell, and observed Inmate KNIGHT, C-07508 running back from cell 104 to the table seat in A-Pod section and sit down.

  
 B. DE LOS SANTOS, Correctional Officer  
 Security Squad #9  
 Salinas Valley State Prison

DATE: 6/14/05

(GENERAL INFORMATION)

GENERAL CHRONO

## ERIOUS RULES VIOLATION REPORT

IC NUMBER C-07508	INMATE'S NAME KNIGHT	VIOLATED RULE NO(S) CCRS 3005(a)/3016(c)	DATE 03/03/06	INSTITUTION SVSP	LOG NO. S06-03-0032R
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 REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT ☒ YES ☐ NO

## POSTPONEMENT OF DISCIPLINARY HEARING

<input type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶	DATE
<input checked="" type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶ C. Knight	DATE 3/22/06

DATE NOTICE OF OUTCOME RECEIVED 8/12/05	DISPOSITION Declined by ISU	INMATE'S SIGNATURE ▶	DATE
<input type="checkbox"/> I REVOKE my request for postponement.			

STAFF ASSISTANT		INMATE'S SIGNATURE ▶ C. Knight	DATE 3/22/06
<input checked="" type="checkbox"/> REQUESTED	<input type="checkbox"/> WAIVED BY INMATE		
<input type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF	
<input checked="" type="checkbox"/> NOT ASSIGNED	REASON DNMK per Cor 3315(A)(2)		

INVESTIGATIVE EMPLOYEE		INMATE'S SIGNATURE ▶ C. Knight	DATE 3/22/06
<input checked="" type="checkbox"/> REQUESTED	<input type="checkbox"/> WAIVED BY INMATE		
<input type="checkbox"/> ASSIGNED	DATE 03/28/06	NAME OF STAFF C. Reyes, Correctional Officer	
<input type="checkbox"/> NOT ASSIGNED	REASON		

IDENTIFICATION / INFORMATION REQUESTED BY INMATE:

## WITNESSES

WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)			
<input type="checkbox"/> REPORTING EMPLOYEE	<input type="checkbox"/> STAFF ASSISTANT	<input type="checkbox"/> INVESTIGATIVE EMPLOYEE	<input type="checkbox"/> OTHER <input type="checkbox"/> NONE
WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)		WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	
GRANTED <input type="checkbox"/>	NOT GRANTED <input type="checkbox"/>	GRANTED <input type="checkbox"/>	NOT GRANTED <input type="checkbox"/>

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

On 03/28/06, I was assigned as Investigative Employee for CDC-115 Log #S06-03-0032R. I informed Inmate KNIGHT of my assignment and that as Investigative Employee my duties were as a fact finder for the Senior Hearing Officer. Inmate KNIGHT stated that he had no objection to my serving in this capacity.

**DEFENDANT'S STATEMENT:** On 03/28/06, I interviewed Inmate KNIGHT and he chose not to make a statement. However, Inmate KNIGHT submitted written questions to be asked of Reporting Employee Correctional Officer A. Diaz, staff and inmate witnesses.

**REPORTING EMPLOYEE'S STATEMENT:** On 03/29/06, I interviewed Correctional Officer A. Diaz and asked the following questions provided by Inmate KNIGHT:

Q: You reported that you and Parsons searched cell 06-103, is that true?  
A: Yes.

Q: Did any other officers enter 06-103 while you were searching that cell?  
A: No.

Q: Was Parsons with you from the beginning of the search of cell 06-103 to the end of the search?  
A: Yes.

(Continued On Part C)

INVESTIGATOR'S SIGNATURE ▶ C. Reyes, C/O		DATE 3/22/06
COPY OF CDC 115-A GIVEN INMATE	BY: (STAFF'S SIGNATURE) ▶	TIME 1550

CDC 115-A (7/88)

— If additional space is required use supplemental pages —

 66  
OSP 03 748

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## JL-115-VIOLATION REPORT - PART C

PAGE 3 OF 3

IC NUMBER C-07503	INMATE'S NAME KNIGHT	LOG NUMBER 506-03-0032R	INSTITUTION SVSP	TODAY'S DATE 03/28/06
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input checked="" type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER			

Reporting Employee Continued)

- : Were you alone at any time during the search of cell C6-103?  
: No.
- : Did you make the discovery of weapons and narcotics in the presence of Parsons?  
: Yes.
- : You responded to the incident in the dayroom when C/O Troncoso said I kicked something under the door of C6-103, is that correct?  
: What incident are you referring to?
- : Were you instructed by your superiors to not report the incident in the dayroom?  
: No.
- : Why didn't you include in any of your reports the dayroom incident?  
: What incident are you referring to?
- : Did you have the alleged discovered weapons photographed in the exact place / spot where you claim you found them?  
: Yes.
- : Further questions were provided for Officer Diaz.

Correctional Officer Diaz further made the following statement: "I conducted a cell search of Knight and Harvey. While in the cell I found on the top bunk under the mattress, an Inmate Manufactured Weapon sharpened to a point. On the bottom bunk on the right end top corner, I found a weapon folded in half with a sharp point. The weapon was covered with a paper sleeve. Also, found on the bottom bunk inside a beanie cap, was two plastic bundles of black heroin and tobacco. I processed all evidence into evidence and the heroin was submitted to the D.O.J."

STAFF WITNESSES' STATEMENT:

Interviewed Correctional Lieutenant R.L. Martinez and asked the following questions provided by Inmate KNIGHT:

- : Since you were not present at the onset of the extraction / searches, how did you confirm the events described in the CDC 837-41, dated 6/14/05?  
: Accumulated reports.
- : What did I.G.I. have to do with the extraction / search of cell C6-103?  
: I.S.U. and I.G.I. are part of the same unit.
- : Further questions were asked of Lieutenant Martinez.

Continued On Part C)

C. Reyes, Correctional Officer

<input type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER <i>C. Reyes</i>		DATE SIGNED 03/28/06
	GIVEN BY: (Staff's Signature)	DATE SIGNED	TIME SIGNED



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## INMATE VIOLATION REPORT - PART C

PAGE 3 OF 3

INMATE NUMBER 0-07508	INMATE'S NAME KNIGHT	LOG NUMBER S06-03-00328	INSTITUTION SVSP	TODAY'S DATE 03/28/06
<input type="checkbox"/> SUPPLEMENTAL <input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input checked="" type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER				

## Staff Witnesses' Statement (Continued)

- interviewed Correctional Lieutenant G.D. Jordan and asked the following questions provided by Inmate KNIGHT:
- : If information was received which you alleged prompted the searches, why didn't you produce the relied upon information in the incident reports?
  - : Information was anonymous, the incident commander was Lieutenant Martinez.
  - : Why didn't you provide the date, time and place of the received information in your report?
  - : Based on information being anonymous date and time are not relevant.
  - : Since you were officially functioning as I.S.U., what were your hours of duty and R.D.O.'s on 06/14/05?
  - : Irrelevant.
  - : Being that you signed as Reporting Staff, why didn't you disclose in the CDC 837-A1 the reason(s) for the searches?
  - : I was not the incident commander Lieutenant Martinez was.
  - : further questions were asked of Lieutenant Jordan.

- interviewed Correctional Sergeant S. Hatton and asked the following questions provided by Inmate KNIGHT:
- : Why didn't you report your ordering the inmates in cell C6-105 to prone out, crawl out of the cell, restrain them, search the cell after ordering C/O Milare to open the cell C6-105?
  - : Not Ad/Sag, we can open cell doors.
  - : Why didn't you report that C/O Troncoso's assertion that I kicked something under the door of C6-105?
  - : I don't know who C/O Troncoso is.
  - : Why didn't you have C/O Milare or C/O Troncoso write reports of the incident in the dayroom during the searches after I was placed at the dayroom table?
  - : Not applicable.
  - : further questions were asked of Sergeant Hatton.

Investigative Employee Statement:

Inmate KNIGHT requested all photos of weapons and narcotics and reports. All reports have been issued in the incident package. The incident package describes what transpired on that day. As far as photos of weapons and narcotics that will be issued upon completion of I.E. report. Inmate KNIGHT also requested that inmates housed in C6-105 be interviewed. On 04/05/06, I attempted to interview said inmates, upon arrival to C6-105, I discovered that the inmates are no longer in C6-105. I was told that they had transferred. Furthermore, Inmate KNIGHT did not provide the names or CDC numbers of said inmates.

Reporting Employee requested at the hearing: No  
 Investigative Employee requested at the hearing: No  
 Staff / Inmate witnesses requested at the hearing: No  
 Additional Information in Confidential Reports: No

<input type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER G. Reyes, Correctional Officer		DATE SIGNED
	GIVEN BY: (Staff's Signature)	DATE SIGNED	TIME SIGNED



STATE OF CALIFORNIA		DEPARTMENT OF CORRECTIONS			
<b>VIOLATION RULES VIOLATION REPORT</b>					
NUMBER 28106	INMATE'S NAME HARVEY	VIOLATED RULE NO(S) CCRS 3006(a) / 3016(c)	DATE 06-14-05	INSTITUTION SVSP	LOG NO. S05-06-0014
FERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
<b>POSTPONEMENT OF DISCIPLINARY HEARING</b>					
DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.		INMATE'S SIGNATURE X <i>Guille Harvey</i>		DATE X 6-29-05	
REQUEST my hearing be postponed pending outcome of referral for prosecution.		INMATE'S SIGNATURE X <i>Guille Harvey</i>		DATE X 6-29-05	
NOTICE OF OUTCOME RECEIVED 8/18/05	DISPOSITION DA - Denied				
I REVOKE my request for postponement		INMATE'S SIGNATURE X <i>Guille Harvey</i>		DATE X 6-29-05	
<b>STAFF ASSISTANT</b>					
STAFF ASSISTANT REQUESTED <input type="checkbox"/> WAIVED BY INMATE		INMATE'S SIGNATURE X <i>Guille Harvey</i>		DATE X 6-29-05	
ASSIGNED	DATE	NAME OF STAFF			
NOT ASSIGNED	REASON DNme per CCR 3315 (d)(2)				
<b>INVESTIGATIVE EMPLOYEE</b>					
INVESTIGATIVE EMPLOYEE REQUESTED <input type="checkbox"/> WAIVED BY INMATE		INMATE'S SIGNATURE X <i>Guille Harvey</i>		DATE X 6-29-05	
ASSIGNED	DATE	NAME OF STAFF			
NOT ASSIGNED	REASON				
<b>INFORMATION REQUESTED BY INMATE</b>					
<b>WITNESSES</b>					
WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)					
REPORTING EMPLOYEE <input type="checkbox"/> STAFF ASSISTANT <input type="checkbox"/> INVESTIGATIVE EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/> NONE <input type="checkbox"/>					
WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)		GRANTED		NOT GRANTED	
		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	
WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)		GRANTED		NOT GRANTED	
		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	
<p><b>INVESTIGATIVE REPORT:</b> Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information concerning the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.</p> <p>On 09-14-05, I informed Inmate Harvey (H-28106), that I have been assigned as the Investigative Employee for Rules Violation Report Log #S05-06-0014, charging him with violation of CCR § 3005(a) / 3016(c), specifically: <b>Possession of A Deadly Weapon/Poss. Of A Controlled Substance</b>. I advised Inmate Harvey that he would have an opportunity to present his case before a Senior Hearing Officer and that my function was to gather information, interview him, the reporting Employee, and all persons having information regarding this matter. Inmate Harvey stated that he understood my function as the Investigative Employee and expressed no objections to my assignment. As the assigned and accepted Investigative Employee for this matter, I conducted the investigation and submit the following results in the following report.</p> <p><b>Defendant's Statement:</b> On 09-14-05, I interviewed Inmate Harvey, regarding the circumstances surrounding the alleged violation. Inmate Harvey stated, "I deny any knowledge of any contraband being in the cell. The extractions/searches are not taped, in violation of use of force policy. Time constraints were not met. The 115 was not served within 5 days. The hearing wasn't held within 30 days since it was never sent to the DA." I/M Harvey also presented this with questions for several officers, they are as followed:</p> <p>Don't Supplemental 'C')</p>					
COPY OF CDC 115-A GIVEN INMATE		BY: STAFF'S SIGNATURE X <i>CRAYES</i>		TIME 005	
		INVESTIGATOR'S SIGNATURE X <i>CRAYES</i>		DATE 6/29/05	
		C. REYES, Correctional Officer		DATE 6/29/05	
If additional space is required use supplemental pages					



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## LES VIOLATION REPORT - PART C

PAGE 2 OF 4

NUMBER #28106	INMATE'S NAME HARVEY	LOG NUMBER S05-06-0014	INSTITUTION SVSP	TODAY'S DATE 09-22-05
<input checked="" type="checkbox"/> SUPPLEMENTAL <input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input checked="" type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER				

Martinez (09-22-05):

- ) R.L. Martinez, why did you order these extractions/cell searches?
- ) Searches were not cell extractions.
- ) Knowing your officer were gonna come snatch the cell door open at 5:00 A.M. why didn't you see that the officers video taped this?
- ) Does not require video taping.
- ) Being aware of SVSP's history of evidence planting why weren't the searches taped?
- ) Refer to answer above.
- ) Why did you put in the Incident Report that you sent I.S.U. to confiscate all writing materials?
- ) Not necessary looking for contraband.
- ) Why haven't you gave me a receipt of the paper work I.S.U. confiscated?
- ) Material was returned.
- ) Why did you leave out of the Report the confiscated paper work?
- ) Refer to answer above.

Diaz I.S.U. (09-22-05):

- ) When you were searching a cell on 6-14-05 did you see Gibbs with his hand inside a evidence envelope and say "There's something in there?"
- ) No.
- ) Did you go inside the other cell that was being searched?
- ) No.
- ) Did you video tape your searches?
- ) No.
- ) How many officers went in my cell that morning?
- ) 2
- ) Did you pull bucket of what you thought was pruno out of a cell?
- ) No.
- ) Why didn't you put what you took out of my cell in your report?
- ) I reported everything I found.

Hutton I.S.U. (09-22-05):

- ) When you came to the shower and told me it was in your log to hit certain cells and confiscate all writing materials you told me I was going to the hole because a knife was found why didn't you say anything about the drugs?
- ) It didn't matter at that point.
- ) Why did you leave out the items I.S.U. confiscated in your report?
- ) I don't recall.
- ) Cell 105 was searched that morning, why?
- ) I was told by my supervisors.

on't on Supplemental 'C')

SIGNATURE OF WRITER C. REYES, Correctional Officer		DATE SIGNED 9/26/05	
<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE GIVEN BY: (Staff's Signature)		DATE SIGNED 9/26/05	TIME SIGNED

CDC 115-C (5/95)



OSP 99 25082

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

PAGE 3 OF 4

## JILES VIOLATION REPORT - PART C

C NUMBER	INMATE'S NAME	LOG NUMBER	INSTITUTION	TODAY'S DATE
H-28106	HARVEY	S05-06-0014	SVSP	09-22-05
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input checked="" type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER			

/O E. Parsons I.S.U. (09-22-05):

- 1) Were you in cell 103 at the time Diaz allegedly found the contraband?
- 1) Yes.
- 2) How many video cameras does I.S.U. have?
- 2) N/A to investigation.
- 3) Why did you leave out your report you confiscated letters/legal work?
- 3) I have included the second page of my report that describes what was found.

. Pulido MTA (09-22-05):

- 1) When me and Knight were brought to the Holding Cages in the Medical we did not have on shirts could you see any bruises on me?
- 1) I don't recall.
- 2) When you left at 4:00 P.M. did I appear healthy?
- 2) I don't recall.

. G. Jordan (09-22-05):

- 1) Were you I.S.U. on 6-14-05?
- 1) Yes.
- 2) My cell was just searched weeks prior, what gave you reason to believe there was contraband in there on 6-14-05?
- 2) Received information indicating that you were in possession of contraband.

/O L. Millare (09-22-05):

- 1) Cell 105 was searched that morning why?
- 1) I don't know.
- 2) Why didn't you write a report about that incident?
- 2) I was not involved in the incident. All I was instructed to do was open the cell doors.

**Reporting Employee's Statement:** On 09-22-05, I received a written statement from R.E. Diaz. Correctional Diaz stated, conducted a cell search of Knight and I/M Harvey. While in the cell I found on the top bunk under the mattress, 1 Inmate Manufactured Weapon sharpened to a point. On the bottom bunk on the right end top corner, I found a weapon dled in half with a sharp point. The weapon was covered with a paper sleeve. Also found on the bottom bunk inside beanie cap was two plastic bundles of black heroine tar and tobacco. I processed all evidence into evidence and e heroine was submitted to D.O.J.

Reporting Employee Requested at Hearing: NO  
 Investigative Employee Requested at Hearing: NO  
 Staff Witnesses Requested at Hearing: NO  
 Inmate Witnesses Requested at Hearing: NO

on't on Supplemental 'C)

<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER	DATE SIGNED	
	C. REYES, Correctional Officer	9/26/05	
	GIVEN BY: (Staff's Signature)	DATE SIGNED	TIME SIGNED
	[Signature]	9/26/05	



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## RULES VIOLATION REPORT - PART C

PAGE 4 OF 4

DC NUMBER H-28106	INMATE'S NAME HARVEY	LOG NUMBER S05-06-0014	INSTITUTION SVSP	TODAY'S DATE 09-22-05
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input checked="" type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER			

Investigative Employee's statement:

Inmate Harvey requested the following Evidence:

) I.S.U. Log of order to hit 103 G-6 by Lt. R.L. Martinez.

Said item cannot be provided due to Security Concerns, in addition, has no relevant information.

) Photos weapons 1 thru 10.

) Photos of bindles of heroine.

These items need not be provided. Whereas for identification purposes, the RVR/I.R. and D.O.J. Report all contain sufficient description of the bindles. The D.O.J. notes that each bindle tested positive for heroine.

) Log of Health Annex Holding Cages and MTA Office Cages on 6-14-05.

Has no relevant information.

) Salinas Valley State Prison Use of Force Policy and I.S.U. (if they have a separate policy).

Said item cannot be provided due to Security Concerns, in addition, has no relevant information.

) All Non-Confidential Evidence relied upon.

The inmate has been provided with the aforementioned information.

SIGNATURE OF WRITER <i>C. REYES</i> C. REYES, Correctional Officer		DATE SIGNED 9/26/05	
GIVEN BY: (Staff's Signature) <i>[Signature]</i>		DATE SIGNED 9/26/05	TIME SIGNED

☒ COPY OF CDC 115-C GIVEN TO INMATE

STATE OF CALIFORNIA  
COUNTY OF MONTEREY

(C.C.P. SEC. 466 &amp; 2015.5; 28 U.S.C. SEC. 1746)

I, Quillie HARVEY declare under penalty of perjury that: I am the PETITIONER in the above entitled action; I have read the foregoing documents and know the contents thereof and the same is true of my own knowledge, except as to matters stated therein upon information, and belief, and as to those matters, I believe they are true.

Executed this 31<sup>ST</sup> day of MAY, 2007, at Salinas Valley State Prison, Soledad, California 93960-1050.

(Signature)

Quillie Harvey  
DECLARANT/PRISONER

## PROOF OF SERVICE BY MAIL

(C.C.P. SEC 1013(a) &amp; 2015.5; 28 U.S.C. SEC. 1746)

I, Matthew Bradford, am a resident of California State Prison, in the County of Monterey, State of California; I am over the age of eighteen (18) years and am not a party of the above entitled action. My state prison address is: P.O. Box 1050, Soledad, California 93960-1050.

On MAY, 31, 2007, I served the foregoing: MOTION FOR LEAVE TO FILE SUPPLEMENTAL CLAIMS, REQUEST FOR APPOINTMENT OF COUNSEL AND DECLARATION OF INDIGENCY. ADDITIONAL CLAIMS 314.

(Set forth exact title of document(s) served)

On the party(s) herein by placing a true copy(s) thereof, enclosed in sealed envelope(s), with postage thereof fully paid, in the United States Mail, in a deposit box so provided at Salinas Valley State Prison, Soledad, California 93960-1050.

<u>OFFICE OF THE ATTORNEY GENERAL</u>	<u>SUPERIOR COURT OF CALIFORNIA</u>
<u>455 GOLDEN GATE AVE. SUITE 11000</u>	<u>COUNTY OF MONTEREY</u>
<u>SAN FRANCISCO, CA. 94102</u>	<u>240 CHURCH STREET, SUITE 318</u>
<u>ATTN: CORRECTIONAL LAW SECTION</u>	<u>SALINAS, CA. 93901</u>

(List parties served)

There is delivery service by United States Mail at the place so addressed, and/or there is regular communication by mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: 5-31-, 2007,

Matthew Bradford  
Quillie Harvey  
DECLARANT/PRISONER

(73)

1. Quillie HARVEY H-28106  
 2. P.O. BOX 1050  
 3. SOLEDAD, CA. 93960  
 4.

5. IN PRO PER

6. SUPERIOR COURT OF THE STATE OF CALIFORNIA,  
 7. COUNTY OF MONTEREY

8. IN RE  
 9. Quillie L. HARVEY JR.  
 10.  
 11. ON HABEAS CORPUS

NO. HC 5707

MOTION FOR LEAVE TO FILE  
 SUPPLEMENTAL CLAIMS.

12. TO ALL PARTIES PLEASE TAKE NOTICE. PETITIONER QUILLIE HARVEY MOVES  
 13. THIS COURT TO ALLOW HIM TO FILE SUPPLEMENT CLAIMS. PETITIONER HAS BECOME AWARE  
 14. OF ISSUES HE MADE IN HIS INMATE APPEAL THAT HE FAILED TO MENTION IN HIS MAY 1, 2007  
 15. FILED WRIT OF HABEAS CORPUS. IF THE COURT DOES NOT TAKE THESE ISSUES INTO CONSIDERA-  
 16. TION PETITIONER WILL UNDOUBTINGLY BE PERJUDICED. WHEREFORE PETITIONER RESPECTFULLY  
 17. REQUEST THAT HE BE ALLOWED TO FILE THE ACCOMPANIED ADDITIONAL CLAIMS.

18. I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE IS TRUE & CORRECT.  
 19. DATED: 5-31-07

20. Quillie HARVEY  
 21. (PETITIONER)

Quillie HARVEY  
 (PETITIONER SIGNATURE)



## 6. GROUNDS FOR RELIEF

Ground 1: State briefly the ground on which you base your claim for relief. For example, "the trial court imposed an illegal enhancement." (If you have additional grounds for relief, use a separate page for each ground. State ground 2 on page four. For additional grounds, make copies of page four and number the additional grounds in order.)

PETITIONER REQUESTED A STAFF ASSISTANT PER CALIFORNIA CODE OF REGULATIONS TITLE 15 THAT REQUEST WAS DENIED. (SEE SUPPORTING DOCUMENT 38 ATTACHED TO ORIGINAL PETITION HC 5707)

## a. Supporting facts:

Tell your story briefly without citing cases or law. If you are challenging the legality of your conviction, describe the facts upon which your conviction is based. If necessary, attach additional pages. CAUTION: You must state facts, not conclusions. For example, if you are claiming incompetence of counsel you must state facts specifically setting forth what your attorney did or failed to do and how that affected your trial. Failure to allege sufficient facts will result in the denial of your petition. (See *In re Swain* (1949) 34 Cal.2d 300, 304.) A rule of thumb to follow is: who did exactly what to violate your rights at what time (when) or place (where). (If available, attach declarations, relevant records, transcripts, or other documents supporting your claim.)

ON JUNE 14, 2005 PETITIONER WAS PLACED IN AD. SEC. FOR POSSESSION OF A WEAPON & NARCOTICS. ON 3-22-06 PETITIONER WAS GIVEN A RULES VIOLATION REPORT 115 (R.V.R.) AT WHICH TIME PETITIONER REQUESTED A STAFF ASSISTANT. THIS REQUEST WAS DENIED. AN INVESTIGATIVE EMPLOYEE WAS ASSIGNED, HOWEVER, AN INVESTIGATIVE EMPLOYEE (I.E.) DOES NOT REPRESENT A PRISONER'S POSITION AT THE HEARING, INSURE THAT IT IS UNDERSTOOD, OR INSURE THAT THE PRISONER UNDERSTANDS THE DECISION REACHED. NOR DOES HE/SHE OTHERWISE ASSIST OR ADVISE THE PRISONER IN PREPARATION FOR THE HEARING. IN PETITIONER'S CASE HE WAS PERJUDICED BY THIS BECAUSE THE I.E. DID NOT DILIGENTLY TRY TO LOCATE PETITIONER'S REQUESTED WITNESSES. WHEN PETITIONER ASKED I.E. C. REYES TO CHECK THE LOG BOOKS TO GET THE C.D.C. NUMBERS OF HIS REQUESTED WITNESSES SHE STATED THAT IT WAS "NOT REQUIRED OF HER." AN I.E. ACTS AS A REPRESENTATIVE OF THE OFFICIAL WHO WILL CONDUCT THE DISCIPLINARY HEARING. 3318(b)(5). OFFICER J.D. BENNETT HEARD THE R.V.R. AND WHEN I EXPLAINED THE SITUATION OF NOT BEING ABLE TO LOCATE WITNESSES HE STATED THAT SINCE I COULDN'T PROVIDE C.D.C. NUMBERS THEY WOULD NOT BE CALLED. THE DENIAL OF A STAFF ASSISTANT PREVENTED PROPER PREPARATION WHICH RESULTED IN PETITIONER BEING FOUND GUILTY OF POSSESSION OF A WEAPON.

## b. Supporting cases, rules, or other authority (optional):

(Briefly discuss, or list by name and citation, the cases or other authorities that you think are relevant to your claim. If necessary, attach an extra page.)

C.C.R. 15, 3315(d) & 3318(b)(B) AND STATE AND FEDERAL CONSTITUTIONS.

7. Ground 1 or Ground 4 (if applicable):

"ON 1-4-06 C.S.R. DEFERRED THE REQUEST TO PLACE PETITIONER IN THE SHU. C.S.R. THEN STATED "DURING THE T.E. FACT FINDING, IT BECAME APPARENT LT. G. JORDAN INITIATED THE SEARCHES AS A DIRECT RESULT OF INFO. RECEIVED. IF THE INFO WAS CONFIDENTIAL THEN THE INMATE HAS A RIGHT TO A FORM 1030. IF IT WAS ANONYMOUS INFO. WHAT MADE IT CREDIBLE THAT IT RESULTED IN A SIMULTANEOUS SEARCH OF FIVE CELLS, AND NEEDS TO BE DISCLOSED TO THE INMATES."

a. Supporting facts:

ON 6-2-06 PETITIONER WAS GIVEN A CDC 1030 CONFIDENTIAL INFORMATION DISCLOSURE FORM, WHICH STATED AN ANONYMOUS NOTE WAS RECEIVED STATING THAT A SEARCH OF SEVERAL CELLS ON FACILITY "C" WOULD PRODUCE WEAPONS AND DRUGS. THE DOCUMENT FAILED TO SAY WHAT MADE IT CREDIBLE THAT IT RESULTED IN A SIMULTANEOUS SEARCH OF FIVE CELLS.

(SEE SUPPORTING DOCUMENTS 3 & 4 ATTACHED TO ORIGINAL PETITION HC 5707.)

b. Supporting cases, rules, or other authority:

CALIFORNIA CODE OF REGULATIONS TITLE 15, 3321. C.S.R.'S RECOMMENDATION.

COPY

IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA

SIXTH APPELLATE DISTRICT

Court of Appeal - Sixth App. Dist.

**FILED**

NOV 30 2007

MICHAEL J. YERLY, Clerk

In re QUILLIE LEROY HARVEY, JR.,  
on Habeas Corpus.

H032177  
(Monterey County  
Super. Ct. No. HC5707)

By DEPUTY

BY THE COURT:

The petition for writ of habeas corpus is denied.

(Bamattre-Manoukian, Acting P.J., Mihara, J., and McAdams, J.,  
participated in this decision.)

Dated NOV 30 2007 BAMATTRE-MANOUKIAN, J. Acting P.J.

77.



